



**Village of Hoffman Estates  
 Department of Health & Human Services  
 1900 Hassell Road  
 Hoffman Estates, IL 60169  
 847 781-4850**



**LENDING CLOSET INDEMNITY AND HOLD HARMLESS LEASE AGREEMENT**

For and in consideration of being given the opportunity by the Village of Hoffman Estates to use the Equipment identified below from its Lending Closet, for a temporary period not to exceed 8 weeks except by mutual agreement, the intended user and I,

<b>Requestor's Name:</b> (First) _____ (Last) _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>Zip Code:</b> _____
<b>Phone Number:</b> _____	<b>Send Copy Of License</b>

hereby agree to assume all risks of loss and to indemnify, defend, hold harmless and forever release and discharge the Village of Hoffman Estates, its officers, elected officials, agents, employees and volunteers, hereinafter collectively referred to as "Lessor," against any and all injuries, death, loss, damages, claims, suits, liabilities, judgments, attorneys fees, costs and expenses, the intended user may sustain, or which in any way may accrue against the Lessor arising in whole or in part or as a result of our requested temporary use of the following Equipment:

<b>Equipment:</b> _____	<b>Inventory Equipment Number:</b> _____
<b>Name of Intended User of Equipment:</b> (First) _____ (Last) _____	<b>Age:</b> _____
<b>User's Relationship to Requestor:</b> _____	

<p><b>Which type and size equipment does the user require?</b></p> <p><u>Wheelchairs: (\$20.00 non-refundable fee)</u></p> <p><input type="checkbox"/> Standard (Maximum weight is 250 - 300 pounds)</p> <p><input type="checkbox"/> Wide (Maximum weight is 350 pounds)</p> <p><input type="checkbox"/> Transport (Maximum weight is 250 pounds)</p> <p><input type="checkbox"/> Youth (Maximum weight is 150 pounds)</p> <p>____Knee Scooter</p> <p><u>Walkers: (\$10 non-refundable fee; Height is adjustable)</u></p> <p><input type="checkbox"/> Walker with Wheels (Maximum weight is 300 pounds)</p> <p><input type="checkbox"/> Walker without Wheels (Maximum weight is 300 pounds)</p> <p><input type="checkbox"/> Walker without Wheels (Maximum weight is 350 pounds)</p> <p><input type="checkbox"/> Youth or Small Walker with Wheels (Maximum weight for most is 80 or 300 pounds)</p> <p><input type="checkbox"/> Winnie Lite Supreme (Maximum weight is 300 pounds)</p> <p><input type="checkbox"/> Rolling Walker with Seat (Maximum weight is 300 pounds)</p>	<p><u>Canes: (\$10 non-refundable fee; Height is adjustable)</u></p> <p><input type="checkbox"/> 4-Prong (Maximum weight is 250 pounds)</p> <p><input type="checkbox"/> 4-Prong (Maximum weight is 300 pounds)</p> <p><input type="checkbox"/> Adjustable Straight (Maximum weight is 250 pounds)</p> <p><input type="checkbox"/> Wooden (Height not adjustable, maximum weight is 300 pounds for most)</p> <p><u>Crutches: (\$10 non-refundable fee)</u></p> <p><input type="checkbox"/> Adult Standard (Height 5'2"-5'10" Maximum weight is 300 pounds)</p> <p><input type="checkbox"/> Adult Tall (Height 5'10"-6'6" Maximum weight is 300 pounds)</p> <p><input type="checkbox"/> Adult Short or Tall (Height 4'7" - 6'10" Maximum weight is 300 pounds)</p> <p><input type="checkbox"/> Youth (Height 4'6"-5'2" Maximum weight is 200 pounds)</p>
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**Requestor's Initials** \_\_\_\_\_

In signing this two (2) page Agreement, we understand that the Village of Hoffman Estates cannot guarantee a user's absolute safety when the Equipment is being used by me or the person for whom I have made this request. In signing, we are voluntarily agreeing to assume all risks of any injuries, damages or loss, regardless of severity, that the Intended User may sustain as a result of using the Equipment.


We understand and agree that the Equipment is being provided to me in an "As Is" condition, that we have had an opportunity to inspect the Equipment and it is in good working order, and that the Equipment will be used solely for the purposes for which it was intended. We further agree to comply with all restrictions on the use of the Equipment, including height and weight, if any, and that we will make no changes to this Equipment nor will we permit any other person to use this Equipment during the term of this Lease.

We agree that this Equipment will be returned to the Village's Department of Health and Human Services at 1900 Hassell Road, Hoffman Estates, IL 60169, sanitized and in good working order on the agreed upon return date or before. In the event there is any damage to the Equipment during my temporary use, we agree to reimburse Lessor for any resulting repair costs or replacement expense, whichever is less, and that my non-refundable rental fee in the amount of \$20.00 may be used for that purpose.

The requestor is over the age of 18 years, and I am not relying on the advice of any officer, elected official, agent, employee and/or volunteer of the Village of Hoffman Estates in entering into this Lease Agreement.

**The term of this Lease shall expire on the equipment due date: \_\_\_\_\_, 202\_\_.**

**I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims.**

Signed: _____ <b>Requestor's Signature</b>	Date: _____
Signed: _____ <b>Village of Hoffman Estates Employee</b>	Date: _____
Approved:  <b>Director, Health and Human Services</b>	

<b>HHS STAFF OFFICE USE ONLY</b>		
Wheelchair \$20.00 Fee	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Yes <input type="checkbox"/> No	HHS Initials: _____
License/State ID Copy		
Date Equipment Returned:	Condition:	HHS Initials:
Date:	Requestor's Initials: _____	
License/State ID Returned/Shredded	HHS Initials: _____	
<b>Comments:</b>		