

***Polio Echo, Inc.***  
***P. O. Box 61024***  
***Phoenix, Arizona, 85082-1024***

**DURABLE MEDICAL EQUIPMENT LOAN AGREEMENT**

The following is an agreement by and between: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ and POLIO ECHO, INC. for the loan of the following:

Description of Equipment: \_\_\_\_\_

Condition of the equipment (accepted as is): \_\_\_\_\_

It is hereby agreed that the above named equipment:

- 1.) will not be removed from the address listed hereon without notifying Polio Echo and gaining permission to do so; and will under no circumstances be moved to another residence out of the State of Arizona.
- 2.) will be properly maintained, allowing for normal wear and tear, and cared for and Polio Echo notified of any modifications or necessary repairs to the equipment.
- 3.) will not be loaned to any other individual.
- 4.) will be the full responsibility of the recipient and not POLIO ECHO, INC.
- 5.) will be adequately covered for liability by the recipient leaving no liability implied or understood to be that of POLIO ECHO, INC.
- 6.) will be cleaned and returned to POLIO ECHO, INC. when no longer needed or upon written request of POLIO ECHO, INC.

**POLIO ECHO, INC. SHALL BE HELD HARMLESS FOR ANY AND ALL ACCIDENTS, INJURIES AND OR LIABILITIES RESULTING FROM OR ASSOCIATED WITH THE USE OR POSSESSION OF THE EQUIPMENT COVERED BY THIS AGREEMENT.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Arizona

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_