



All-Terrain Wheel Chair Use Agreement

Meridian Township purchased this all-terrain wheel chair with grant assistance from the W.K. Kellogg Foundation's "Access to Recreation" program combined with a contribution from the Okemos Kiwanis Club. While there is no charge to use this wheel chair; we do ask that great care is taken in order to preserve it for years of use. To best serve the community, we ask that the chair be utilized within the Meridian Township park system.

Name: _____ Cell Number: _____

Address: _____

Email Address: _____

Signature: _____

By signing this form, I give Meridian Township permission to charge my credit card the amount of up to \$3,000 if the wheelchair I am borrowing becomes lost, stolen, or broken while in my possession. Replacement value amount is estimated at \$3,000.

Adult Authorization for Emergency and Routine Medical Treatment and Release of Liability

I, _____, give my permission to the Meridian Township Parks and Recreation Department, ("Township") its employees, representatives and volunteers, to obtain or provide such emergency or routine medical treatment for me and/or family members listed above as they, in the exercise of their discretion, deem necessary or appropriate while I participate in any activity offered by the Township. Further, in consideration of the Township's making this activity available to me, I, for myself, and anyone claiming under or through me, hereby release and discharge the Township, its employees, representatives and volunteers from all liability, claims, demands, and actions, regardless of kind or character, connected with, arising out of, or if any way related to my participation in such activity.

I attest that I am eighteen (18) years of age or more and that I do not have a legal guardian.

Signature: _____

Telephone Number: _____ Date: _____

Office Use Only

Date/Time Out: _____ Date/Time Returned: _____

Date/Time Out: _____ Date/Time Returned: _____

Date/Time Out: _____ Date/Time Returned: _____

Credit Card to Hold: Visa Mastercard Name on Card: _____

Credit Card Number: _____ Expiration Date: _____ Zip Code: _____