

Loan of Equipment Contract

I _____, hereby acknowledge that Joseph Brant Hospital is loaning me the following equipment:

- **aTouchAway Standard Equipment Kit (number):** _____
- **aTouchAway Enhanced Equipment Kit (number):** _____

In consideration for loaning the above mentioned equipment, I agree to the following:
(Please place your initials in box to indicate understanding/agreement.)

Initials

I understand that I may not use these devices near water.

I understand that this is a sensitive piece of electronic equipment and that the replacement cost of this equipment is over \$2,500.00.

I will be held responsible for this replacement cost and shall pay the entire cost of replacement should the equipment be damaged, lost or not returned.

I will return the equipment to JBH Security on the _____ day of _____
OR on an agreed date at the end of my participation in the pilot project.

Should I be more than 1 day late in returning the equipment, there will be an additional late charge of \$50/day as other patients will be waiting to use this equipment.

By signing below, I acknowledge that I have read, understood and had the opportunity to ask questions about and agree to be bound by this contract

Date at Burlington, the _____ day of _____

Patient Signature

Staff signature/witness

Equipment returned on the _____ day of _____ at _____ am/pm

Equipment is: in working order NOT in working order

Staff Signature upon return of equipment.

Loan of Equipment Contract

I _____, hereby acknowledge that Joseph Brant Hospital is loaning me the following equipment:

- **aTouchAway Tablet (serial number):** _____
- **aTouchAway Tablet holder/stand:** _____
- **Personal Emergency Alert Device:** _____

In consideration for loaning the above mentioned equipment, I agree to the following:
(Please place your initials in box to indicate understanding/agreement.)

Initials

I understand that I may not use these devices near water.

I understand that this is a sensitive piece of electronic equipment and that the replacement cost of this equipment is over \$2,500.00.

I will be held responsible for this replacement cost and shall pay the entire cost of replacement should the equipment be damaged, lost or not returned.

I will return the equipment to JBH Security on the _____ day of _____
OR on an agreed date at the end of my participation in the pilot project.

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By signing below, I acknowledge that I have read, understood and had the opportunity to ask questions about and agree to be bound by this contract

Date at Burlington, the _____ day of _____

Patient Signature

Staff signature/witness

Equipment returned on the _____ day of _____ at _____ am/pm

Equipment is: in working order NOT in working order

Staff Signature upon return of equipment.