RELEASE OF LIABILITY/HOLD HARMLESS AGREEMENT

DONATED EQUIPMENT

Today, I received the donation of a _________________________________. Alleghenies United Cerebral Palsy (formerly SCSCPA) received no money for this donation and I accepted this item in “as is” condition. I agree to release AUCP and its service coordinators, employees, directors, and representatives from all damages, losses, rights or claims related to the above item.

In accepting the item “as is” I understand that it comes without a warranty. I will not hold AUCP responsible for any defects and I am fully aware that I am the person responsible for the entire cost of any necessary repairs. I also understand that AUCP will not be held liable, under any circumstances, for any damages resulting from the use or inability to use the equipment.

I agree to hold AUCP harmless against any damages, costs, and expenses that may arise or result from the handling, sale, disposal, transfer, or use of the equipment. This includes, but is not limited to, lawsuits, judgements, settlements, costs, expenses, attorney fees, or any other costs. Nor do I expect AUCP to assist or present any defense regarding claims or any other cause of actions I may take related to this item.

Receiving Party
Printed Name: __________________________
Signature: ______________________________
Date: _________________________________

AUCP Representative
Printed Name: __________________________
Signature: ______________________________
Date: _________________________________
NOTE TO PROGRAMEES:

- Each recipient must complete a satisfaction survey.
- Information gathered from this survey must be compiled into the Device Reutilization Monthly Report (R-2).
- Maintain satisfaction surveys for your internal recording. Individual surveys do not need to be submitted to PIAT.

RECIPIENT – PLEASE CHECK ONE:

1. The device donated to me will be used primarily for: (choose only one)
   - __ Education
   - __ Employment
   - __ Community Living

2. The device was obtained because: (choose only one)
   - __ Could only afford this device through the statewide AT Program
   - __ This device was only available through the statewide AT Program
   - __ This device was available through other programs, but the system was too complex or the wait time too long.
   - __ None of the above – please describe: ____________________________________

3. Rate your satisfaction with the Reuse It program: (choose only one)
   - __ I am highly satisfied
   - __ I am satisfied
   - __ I am somewhat satisfied
   - __ I am not satisfied because ____________________________________________

Recipient Signature: __________________________________________ Date: ______________

REVISED: 4/01/18