

Beach Wheelchair Booking Form and Agreement



Version #2
Version Date 11 January 2021

Community Planning & Development
ENF/

APPLICANT / HIRER DETAILS	
Name of Applicant	
Street Address	
Postal Address	
Contact Number	
Email Address	
Drivers Licence No / Pension Card No	
Name of User (if different)	
Date Required	
Location of Use	

Please indicate if the chair is to be used by a child or adult* Child Adult

Please indicate if the user is a resident or visitor* Resident Visitor

***Information required to monitor stats on usage**

- I confirm that the information supplied above is true and correct.
- I have read and understood the BEACH WHEELCHAIR GUIDELINES including the Conditions of Use and Safety Handling.
- I undertake to use the Beach wheelchair only within the Shire of Augusta Margaret River.
- I acknowledge that the use of the Beach wheelchair is entirely at the risk of the user/carer.

Signature of Applicant (hirer)	
Signature	
Full name	
Date	

Shire of Augusta Margaret River
**Beach Wheelchair User
Indemnity Agreement**

I _____ hereby agree to indemnify the Shire of Augusta Margaret River against all claims directly or indirectly arising from or incurred in connection with damage to or loss of property or injury arising from the use of the Beach Wheelchair whilst in my care.

I acknowledge that I have read and understood the CONDITIONS OF USE, SAFETY HANDLING AND BEACH ACCESS forms and will abide by all requirements.

I agree to this Indemnity Agreement and authorise the Shire of Augusta Margaret River to invoice me directly for any costs incurred whilst the beach wheelchair is in my care.

Signature of Applicant	
Signature	
Full name	
Date	



**Beach Wheelchair Security Hold
Credit Card Details**

(to be destroyed after wheelchair is returned)

CREDIT CARD DETAILS (bond)	
Card Type	
Card Holder Name (as shown on card)	
Card Number	
Expiry Date	

Beach Wheelchair Return Maintenance Checklist and Feedback

(to be completed by the applicant with a Shire of Augusta Margaret River staff member / representative)

Has the Beach Wheelchair been washed with fresh water, paying particular attention to axles and bearings, clutch plates and levers, and removable parts such as arm rests?

Is the Beach Wheelchair free of sand and dirt?

Is the Seat and Back/ Footrest fabric clean and in good condition with no cracks fraying or holes?

Are the seat belts and harnesses clean with no fraying and secured onto the Beach Wheelchair?

Are all tyres pumped to the recommended pressure (as indicated on the tyres), clean with no punctures or damage?

Is the brake functioning adequately?

Are all screws and leavers secured and in place on the Beach Wheelchair?

Comments _____

Follow Up Action Required _____

Returned By:	
Applicant / Hirer Name:	
Applicant / Hirer Signature:	
Staff / Representative Name:	
Staff / Representative Signature:	
Date:	