

Beach wheelchair



Date: December 2018

Hire Agreement

Hire details		
Date		
Time of hire		
Return time		
Contact details		
Contact Name		
Address line 1		
Address line 2		
Phone	(bh)	(mob)
Email		
Drivers licence/passport/concession card number		
Resident or Visitor (please circle)	Resident	Visitor

BEACH WHEELCHAIR

Conditions of Hire

(tick to confirm you understand and will comply with)



I have read and agree to comply with the user guidelines for the beach wheelchair

I agree not to tamper or alter the wheelchair or make any modifications or changes

I agree to use the beach wheelchair for the purpose as detailed in the guidelines of use only

I agree to return the beach wheelchair in the same condition as was hired

I agree to immediately report any faults and damages

I agree to check the wheelchair is free from damage and in good working order before use

I will return the beach wheel chair from where it was taken

I understand the user assumes all risk of injury and damage arising from the use of the beach wheelchair. The Shire of Augusta Margaret River accepts no liability to the extent permitted by law

I will not hold the Shire of Augusta Margaret River accountable against any 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 wheel chair whilst in my care.

Hire Agreement

I
Print full name

Of
Address and postcode

Hereby acknowledge that I have read and understand the User guidelines and the Hire agreement form and will abide by all requirements outlined.

I confirm that the information above is true and correct and agree to the Hire Agreement.

Signature..... Date.....

To be completed on return of the wheel chair:

I hereby confirm that the wheel chair is in the same condition as it was when hired out.

Signature..... Date.....