



Spina Bifida and Hydrocephalus Association of Northern Alberta

P.O. Box 35025 - 10818 Jasper Avenue Edmonton Alberta T5J 0B7
Phone: (780) 451-6921 Email: info@sbhana.org Fax: 1-888-881-7172

SBHANA TODDLER WHEELCHAIR LENDING PROGRAM

Name of Referring Therapist: _____

Name of Wheelchair User: _____

Date of Birth(m/d/y): _____ Height: _____ Weight: _____

Name of Parent or Guardian: _____

Home Address: _____

City: _____ Prov: _____ Postal Code _____

Home Phone#: _____ Work Phone# _____ Cell Phone# _____

Email Address: _____

Participants must provide the Spina Bifida & Hydrocephalus Association of Northern Alberta with a valid Credit Card # for a Security Deposit. No Charges will be processed on this card, except in the event of damage due to misuse, loss or theft.

Credit Card # _____ Expiry Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

This contract is valid for a period of (3) Three Months from the date of issue.

I, _____ agree to participate in the Toddler's Wheelchair Lending Program as outlined below.

- 1.) The Spina Bifida & Hydrocephalus Association of Northern Alberta will not be held responsible for any personal injury or damage caused by the use of the wheelchair.
- 2.) The Spina Bifida & Hydrocephalus Association of Northern Alberta will maintain the wheelchair, and takes responsibility for normal wear and tear. However, any damage caused to the wheelchair, due to negligence or misuse, will be the sole responsibility of the participant to repair.
- 3.) The participant agrees to replace the wheelchair if it becomes lost or stolen for the current replacement value of \$2650.00.
- 4.) The Spina Bifida & Hydrocephalus Association of Northern Alberta has the sole discretion to revoke this contract and request the return of the wheelchair immediately if deemed necessary.

Signature of Participant

Date

Signature of SBHANA representative

Date