



**Spina Bifida and Hydrocephalus Association of Northern Alberta**

P.O. Box 35025 - 10818 Jasper Avenue Edmonton Alberta T5J 0B7  
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**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