



**Adaptive Equipment Lending Agreement**  
**(Complete this form only after confirming equipment availability)**

**Contact Information**

**SECTION 1**

User's Name: \_\_\_\_\_ DOB (dd/mm/yy): \_\_\_\_\_ Guardian (if applicable): \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Adaptive Equipment**

**SECTION 2**

Loan Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_  
 Small Hippocampe (16" seat width & 23" leg length)  with wheels  with skis  
 Large Hippocampe (16" seat width & 36" leg length)  with wheels  with skis  
 Standard Sledge (14" Seat)  with rear push bar  with set of ice picks  
 Large Sledge (16" Seat)  with rear push bar  with set of ice picks  
 Snowcoach Adapted Slide  
 Top-End Excelerator Handcycle Trike  
 Other: \_\_\_\_\_

**Borrowers Agreement – Please read and initial the following**

**SECTION 3**

\_\_\_ I will make every effort to ensure the equipment is used & stored in a proper and safe manner.  
\_\_\_ I will return equipment in same condition it was loaned (except for normal wear & tear).  
\_\_\_ I will not alter the equipment or use in a manner unintended.  
\_\_\_ I will not lend or allow third parties to use the equipment.  
\_\_\_ I will return the equipment on the scheduled return date and time agreed upon with staff.  
\_\_\_ I am responsible for a CSA approved helmet where required (i.e. sledge and handcycle).  
\_\_\_ I have received and understand the Adaptive Equipment Lending Guidelines.  
\_\_\_ I have received an equipment overview (i.e. assembly/disassembly, functions & safety features).  
\_\_\_ I will consult with a Physical or Occupational Therapist for individualized specific fitting as needed.  
\_\_\_ I will provide photo ID & contact information for tracking purposes. **Staff initial when received** \_\_\_

**Consent and Release**

**SECTION 4**

I consent to fully assume all risk of loss, injury or illness caused by or incidental in the use of the above equipment and to indemnify the save harmless The City of St. John's from any and all liability.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Notice**

**SECTION 5**

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to provide care to participants. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca).

**Please return completed forms to:**

Inclusive Services  
City of St. John's  
P.O. Box 908  
St. John's, NL A1C 5M2

For further information:  
Phone: (709) 576-6972  
Fax: (709) 576-2308  
Email: [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca)