



Sandy Point  
Community Group

## Beach Wheelchair - USER REGISTRATION FORM

### APPLICANT DETAILS

Name of Applicant : \_\_\_\_\_

Drivers Licence and/ or Pension Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Name of User: \_\_\_\_\_

Carer 1 Name: \_\_\_\_\_

Carer 2 Name: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

### BOOKING DETAILS

1. Date/s required: from \_\_\_\_\_ to \_\_\_\_\_

2. Time required: from \_\_\_\_\_ to \_\_\_\_\_

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### OFFICE USE

Signed - Conditions of Use (attached)

Received - Safety Instructions



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## Beach Wheelchair - CONDITIONS OF USE

I am familiar with the proper use of Disabled Equipment including this Beach Wheelchair provided and understand how to operate it.

I am aware that the use of this Beach Wheelchair involves some risks, dangers and hazards including, but not limited to changing weather conditions, mechanical failure of the equipment, loss of balance, difficulty or inability to control one's speed and direction, variation or steepness of terrain.

Failure to use the Beach Wheelchair safely as according to the manufacturer's instructions or within one's own ability may result in an accident and/or injury.

I acknowledge that Sandy Point Community Group Inc (SPCG) (the Provider) makes no warranties or representations as to the suitability of the Beach Wheelchair or its operability. I acknowledge I use it at my own risk.

In consideration of the Provider allowing me to borrow and use the Beach Wheelchair I:

- (a) release and will release the Provider from all Claims that I may have or may have had but for this release arising from or in connection with my borrowing and/or using the Beach Wheelchair; and
- (b) indemnify and will keep indemnified the Provider to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my borrowing and/or use of the Beach Wheelchair

Claim means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising including but not limited to negligence.

I am responsible for any damage incurred to the Beach Wheelchair for the period that I borrow it. I am financially responsible for replacing or repairing the Beach Wheelchair and any of its components upon bending, breaking, ripping or theft.

**I have read and understand the above conditions of use of the Beach Wheelchair.**

Signature:

Full Name (in block letters) \_\_\_\_\_

Date Borrowed: ---- / ---- / ----    Date to be Returned: ---- / ---- / ----

Witness (SPCG Representative)

Signature:

Full Name (in block letters) \_\_\_\_\_