

Mississippi Department of Rehabilitation Services
PROJECT START
EQUIPMENT LOAN AGREEMENT

THE FOLLOWING MUST BE COMPLETED AND RETURNED TO PROJECT'S START
EQUIPMENT LOAN COORDINATOR BEFORE EQUIPMENT CAN BE SHIPPED TO USER OR
RESPONSIBLE PARTY

EQUIPMENT TO BE LOANED: _____

CONDITION AT START DATE: _____

Date Checked Out: _____

Date to be returned: _____

Name: _____

Address: _____

Work Phone: _____ Fax # _____

Client Affiliation: _____

Age: _____

Disability: _____

Referral: _____

REQUIRED SIGNATURE/USER/RESPONSIBLE PARTY:

_____ DATE

PROJECT START USE ONLY

THE ORIGINAL OF THIS AGREEMENT IS ON FILE AT THE PROJECT START OFFICE
LOCATED AT THE ADDIE MEBRYDE REHABILITATION CENTER IN JACKSON, MS.

_____ DATE
PROJECT START DIRECTOR

THE USER OR RESPONSIBLE PARTY AFFIRMS THE FOLLOWING:

- 1. I understand that loan (s) of equipment from PROJECT START are made for ninety (90) consecutive days.**
- 2. I understand that I am financially responsible for damage to the equipment described above due to misuse, abuse, neglect, or loss while I am a user of, or a responsible party for the loan of this equipment.**
- 3. I understand that I am responsible for all costs for packing and return shipping or delivery of the above mentioned equipment to the PROJECT START office on or before the loan end date specified below.**
- 4. I also understand and agree that the Mississippi Department of Rehabilitation services and all relative agencies are released of all liability that might occur from the use or possession of the equipment or devices.**

Borrow Signature: _____

Date