

Sandcruiser Beach Wheelchair BOOKING FORM

Loan and Indemnity Agreement

Name of Applicant / Carer _____

Name of User (if different to above) _____

Address: _____

Suburb: _____ Post Code: _____

Phone number(s): _____

Email address: _____

Hire dates: *Pick up date:* _____ *Return date:* _____

Hire times: *Pick up time:* _____ *Return time:* _____

Driver's Licence No. / Pension Card No.: _____

I

Print full name

of

Permanent address

Temporary Coffs Harbour address.....

.....

Address if a visitor

hereby agree to indemnify Coffs Harbour City Council against all claims directly or indirectly arising from, or incurred in connection with, damage to or loss of property, or injury, arising from the use of the Sandcruiser Beach Wheelchair whilst in my care.

I acknowledge that I have read and understood the User Guide and Conditions of Use form and will abide by all requirements.

I confirm that the information supplied above is true and correct and I agree to this indemnity agreement.

Signature Date