

## AMERICAN LEGION, WARREN MCKEON, POST 587 RELEASE OF LIABILITY FOR MEDICAL EQUIPMENT USE

APPLICANT NAME:	
ADI	DRESS:
PHONE:	
2.	ASSUMPTIONS OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the below described equipment and I assume sole and full responsibility for personal injury to myself and (if applicable) my family members, and further hold harmless the American Legion, Warren McKeon, Post 587 for injury, loss or damage arising out of my or my family's use of the equipment of the American Legion, Warren McKeon, Post 587, whether caused by the fault of myself, my family, the American Legion, Warren McKeon, Post 587 or other third parties.
3.	below the second of the American Legion Warren McKeon, Post 58
4.	a constant to the service of the American Legion, Warren McKeon, Post 587
5.	*#####################################
6.	the American Legion Warren McKeon Post 587, and leave a detailed
	HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I OLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.
D	ATED:
ļ	IGNATURE:
	EXPECTED RETURN DATE: