



# Sandcruiser Beach Wheelchair Loan and Indemnity Agreement

<b>Name of Applicant/Carer</b>		
<b>Name of User (if different to above)</b>		
<b>Street Address</b>		
<b>Postal Address</b>		
<b>City/Town and Postcode</b>		
<b>Telephone</b>		
<b>Mobile Phone</b>		
<b>Driver's Licence No / Pension Card No.</b>		
<b>Date required</b>		
<b>Time required</b>		
<b>Resident or Visitor (please circle)</b>	Resident	Visitor
<b>I am willing to receive correspondence from Byron Shire Council in relation to my experience using the Sandcruiser for improvement purposes.</b>	Yes	No

I .....  
Print full name

of .....  
Permanent address

Town/City ..... Postcode .....

Telephone No. ....

Temporary Byron Shire address .....

hereby agree to indemnify Byron Shire 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 Conditions of Use and Safety and Handling forms 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 .....