

LOAN OF BEACH ACCESS WHEELCHAIR (BAWC)

BOOKING TAKEN BY:	DATE BOOKING WAS MADE:	TIME BOOKING WAS MADE:
	/ / 20	AM/PM
DATE BAWC REQUIRED:	From / / 20	
TIME BAWC REQUIRED:	AM/PM	
NAME OF PERSON ACCEPTING BAWC		
PHONE:	(LANDLINE)	(MOBILE)
Record details of Identification Provided (eg: Driver's License) here:		
NAME & ADDRESS: both home & address of holiday accommodation: (if applicable)		
Conditions for loan of BAWC (tick to confirm you understand and will comply as required)		
I agree to use the BAWC in accordance with the written instructions provided.		
I acknowledge the Parry Beach Voluntary Management Group Inc (PBVMG) makes no warranties as to the BAWC and its fitness for purpose.		
I understand the BAWC should not be taken into water to a depth greater than 15cm due to the increased risk of the chair tipping over or the person floating in the chair, and understand that if the chair is placed in water greater than that depth, the risk of personal injury to the user of the chair may increase.		
Before using I agree to check that all lynch pins and washers in the BAWC are in place.		
After each use I agree to rinse the BAWC in fresh water.		
I understand the user assumes all risk to injury due to the use of the BAWC. PBVMG accepts no liability to the extent permitted by law. I indemnify and will keep indemnified PBVMG in respect to any claims that may be made by any person arising from use of the BAWC.		
I will return the BAWC to the location from where it was taken by the due date set out above.		
I agree to borrow the BAWC under the conditions listed above.		
_____ Signature of person accepting the beach access wheelchair and agreeing to the above conditions. Date: / / 20		_____ Signature of PBVMG authorised person loaning the beach access wheelchair and distributing the above conditions & written instructions Date: / / 20
DATE BAWC RETURNED:	/ / 20	TIME RETURNED:
_____ Signature of DSLSC or PBVMG authorised person		_____ Signature of Hirer