# BGSU Student Health Service
# Wheelchair Loan Agreement

**When available, wheelchairs may be loaned to a Bowling Green State University (BGSU) employee or student at no charge. The borrower agrees to use the wheelchair for medical transportation only and absolves the BGSU Student Health Service from any negligence.**

**If the wheelchair is not returned by the date indicated below, the borrower will be billed for the wheelchair at the cost of a replacement.**

**I will return the wheelchair(s) on:**

| _____ | _____ | _____ |
|---|---|---|
| **Date** | **Time** | **# of Wheelchairs** |

**I certify that I have read the above and accept responsibility for the wheelchair's safe operation. I understand there will be a replacement charge for the wheelchair if it is not returned to the Student Health Service by the date indicated above.**

**I have been instructed on proper use and received the wheelchair(s) on _____.**
**Date**

| _____ | _____ | _____ | ( )_____ |
|---|---|---|---|
| **Signature of Borrower** | **Date** | **BGSU P#** | **Phone #** |

| _____ | _____ |
|---|---|
| **Witnessed by SHS Employee** | **Date** |

**Original Agreement on file at the Student Health Service**
**Please provide a copy of this agreement to Borrower**