



BEACH WHEELCHAIR
Liability Release Form

The undersigned parties must abide by the following requirements for the safe operation of this wheelchair:

INDEMNIFICATION: Beach Wheelchair User and User's Attendant agrees to indemnify, defend and hold harmless Sarasota County and its elected and appointed officers, employees, and agents, including the Concessionaire who administers the beach wheelchair program at this facility, against any and all liability and expenses, including defense cost and legal fees, relating to User and User Attendant's operations or services, which result from bodily injury, death, personal injury, or property damage (including damage to User and or User Attendant's property). The Concessionaire assumes no liability for any claims arising from the use or operation of the wheelchair.

- Wheelchair User is required to have an attendant present at all times while in use.
- Wheelchair is not to be used in the water.
- Wheelchair safety belt must be worn at all times.
- No running while pushing the wheelchair, regardless if occupied or not.
- No modifications are to be made to the wheelchair.

I have read and fully understand this liability release form and agree to its terms and conditions. I have inspected the wheelchair and find it to be in good working order. I agree to indemnify and hold harmless Sarasota County and the Concessionaire administering access to the wheelchair from any and all liability that may arise from the use of the wheelchair.

WHEELCHAIR MUST BE RETURNED BY _____.

Wheelchair User/Attendant's Name & Address

Please print name

Address

Drivers License #

Signature

Date

Phone #

Internal Use Only

Check Out Time _____

Staff Person _____

Check In Time _____

Unit Number _____