

Date Borrowed	Date Due for Return	ETO
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**EQUIPMENT LOAN AGREEMENT**

**AT: LAST, Inc. Maryland Assistive Technology Cooperative  
 7050 Oakland Mills Road, Suite 160 · Columbia, MD 21046  
 410.381.2667 · fax 410.381.2444 · email communications@matcoop.org**

Borrower's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work/Cell: \_\_\_\_\_ Home: \_\_\_\_\_ County: \_\_\_\_\_

Email address: \_\_\_\_\_

Agency: \_\_\_\_\_

Person for whom the device is being borrowed: \_\_\_\_\_

Type of Equipment	Model	Serial No.	ID No.	Loan Fee

(Use reverse side for additional equipment)

I, the borrower agree to use this equipment in a responsible manner, and to protect it from damage or loss. If the equipment should break down or become damaged or lost, I will notify AT: LAST, Inc. immediately. I agree to reimburse for reasonable maintenance and repairs at my own expense.

I agree to hold harmless AT:LAST, Inc. and waive any liability that may arise as a result of my possession or use of the borrowed equipment.

I further agree not to lend, sell or otherwise dispose of the equipment, or permit its use by others, without the express approval of AT:LAST, Inc.

I will provide batteries if necessary while I have this equipment. I will charge the batteries as directed.

I will notify AT:LAST, Inc. of any change of address or phone number during the time I have this equipment.

I will return the equipment on time or call before the due date to make other arrangements.

BORROWER: \_\_\_\_\_

Date: \_\_\_\_\_

AT: LAST, Inc. STAFF: \_\_\_\_\_

Driver's license copied

Total Loan Fee: \$ \_\_\_\_\_ (cash / check)

Received by: \_\_\_\_\_

**Upon return, received in:**  good/same condition  damaged/non-working condition

By: \_\_\_\_\_

**TURN PAGE OVER →**

Please fill out this page and return with the equipment – Thank You!

**Type of Device:**

- Vision
- Hearing
- Speech/Communication
- Learning, Cognition, and developmental
- Mobility, seating and positioning
- Daily living
- Environmental adaptations
- Vehicle modification and transport
- Computers and related
- Recreation, sports and leisure
- Other (specify)\_\_\_\_\_

**Type of Participant:**

- Individual with disability
- Family member, guardian, or authorized representative
- Representative of education
- Representative of employment
- Representative of health, allied health and rehabilitation
- Representative of community living
- Representative of technology
- Other\_\_\_\_\_

**Referrals to Other Entities:**

- Funding source (other than MDTAP)
- Service Provider
- Vendor
- Repair service
- Other

**Primary Purpose for which AT is Needed**

- Education
- Employment
- Community Living
- IT/Telecommunications

**Your Decision about AT Device**

- Decided it will meet my needs
- Decided it will not meet my needs
- Have not made a decision
- No response

**What is your level of satisfaction with this AT Loan Service?**

- Highly satisfied
- Satisfied
- Somewhat satisfied
- Not satisfied
- No response

**COMMENTS:**