

Equipment Release

Return completed form to Healthcare Realty:
FAX 615.329.8149
EMAIL pvankluyve@healthcarerealty.com
MAIL 2004 Hayes Street, Suite 615
 Nashville, Tennessee 37203

Tenant name: _____
 Building address: _____ Suite #: _____
 Phone: _____ Fax: _____ Requestor's email: _____

EQUIPMENT LOANED TO TENANT: _____
INTENDED USE FOR EQUIPMENT: _____

Release statement



_____,
(practice/company name), on behalf of itself, its employees, contractors, agents, representatives, and anyone else claiming by, through, or under it, hereby waives and releases any and all claims for personal injury, death, damage to property, or otherwise, arising out of or relating to the use or possession of the equipment described above, loaned to _____
(name of person requesting equipment) (who is an employee of _____)
(practice/company name) by _____
(name or HR owner entity) and/or Healthcare Realty Services Incorporated (collectively, "HRS") on or about _____
(date). Further, _____
(practice/company name) agrees to defend, indemnify, and hold HRS harmless from any claim of any person or entity arising out of or relating to the use of such equipment or HRS' loan of such equipment. _____
(practice/company name) acknowledges that (1) this Release Statement is in consideration for HRS's loaning of the equipment, (2) HRS would not have loaned the equipment without receipt of this Release Statement from _____
(practice/company name) and (3) HRS makes no representation or warranty, express or implied, regarding the condition of the equipment or the use thereof, including, without limitation, any representation or warranty regarding fitness for a particular purpose.

AUTHORIZED BY:
Signature _____ **Date** _____
(Electronic signature represented by blue type)
Name (print) _____ **Title** _____

..... **OFFICE USE ONLY**

Equipment picked up on: ___ / ___ / ___ by: Dayporter _____ Engineer _____ Security _____
Initials Initials Initials

