

Agreement for Use of DMC Equipment; Waiver of Liability

Type of Equipment (check equipment to be uti Manual Hand Jack Electric Hand Jack Other (specify):	lized): Truck (requires valid license) Fork Lift
Waiver of Liability: I,terms and conditions as follows:	, being above the age of 18 years of age, agree to all
I represent that I am familiar with handling the above mar "equipment"). I further state that, prior to today, I have had	ked Manual, Electrical or Motorized equipment (hereinafter called experience operating the aforesaid equipment.
exercise and various degrees of skill and experience for serious injury to a person and damage to property and volu	ving equipment is a dangerous activity that requires strenuous individual users. I understand that these activities can result in ntarily do assume any and all risk associated with loss, damage or isks, hazards and dangers of personal injury, death and disability
as Downstate Medical Center and hereinafter referred to as trustees and all other persons or entities acting on their b expenses and attorney fees which are related to, arise or	f New York, SUNY Health Science Center at Brooklyn, also known s DMC), and their agents, servants, employees, officers, directors, rehalf from any and all claims, actions, damages, liability, cost or out of, or are in any way connected to my participation or use of a Central Receiving and Warehouse divisions,. This AGREEMENT and representatives and assigns.
have had the opportunity to ask any and all questions regathat the permission to use such equipment is conditioned that I am knowledgeable and experienced in the operation	understand and AGREE to all of the above terms and conditions. I rding this AGREEMENT and the affect of the same. I understand upon this AGREEMENT to release claims and my representation of the said equipment. I am aware that by handling and/ or driving certain substantial rights that I may have or possess. I therefore to my activities with the above equipment.
Specify any additional comments/ conditions:	
User's Signature:	Date:
Print Name:	Company (if applicable):
Identification (or License # if for Truck use):	
Approved by: Signature: SUNY DMC Central Receiving Manager:	Date: