

# All Blessings Flow

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## LIABILITY WAIVER

Please complete all sections, if possible. **Items in red are required.**

**\*CLIENT name :** \_\_\_\_\_

**\*Street:** \_\_\_\_\_

**\*City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_ **\*COUNTY:** \_\_\_\_\_

**\*Phone:** \_\_\_\_\_

**\*Age:** \_\_\_\_\_ **\*Weight (lb):** \_\_\_\_\_ **\*Height: Ft:** \_\_\_\_\_ **In:** \_\_\_\_\_

**For grant-related purposes, please check one:**

**\*Sex:**  Male  Female

**\*Race:**  Black  Hispanic  White  Asian  Other: \_\_\_\_\_

**\*Veteran**  Yes  No

**\*Disability (reason for supplies):**  Weakness/poor balance  Stroke/CVA  Cancer  Cardiac issues  
 Lower extremity issue (includes hip)  Pulmonary issues  MS  Urinary issues  Dementia  
 Other: \_\_\_\_\_

**\*Referred by:**  Sentara MJH  UVA  Encompass Health Rehab  Sentara Home Health  Continuum  
 Enhabit Home Health  At Home Care  All About Home Health  Interim  
 Other: \_\_\_\_\_

**In the last 30 days, how many times has the client \_\_\_\_? (please give your best estimate)**

**\*Fallen: #** \_\_\_\_\_ **\*Gone to the ER: #** \_\_\_\_\_ **\*Been admitted to the hospital: #** \_\_\_\_\_

**NAME & NUMBER of Items received at no cost from All Blessings Flow:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*By signing below, I realize that this equipment/item is a gift to me by the organization and that this gift is a used device or item(s) that has been donated to All Blessings Flow to be given to others in the community at no cost. I understand and accept all responsibilities for the equipment/items(s). I voluntarily give up any right to sue or hold the All Blessing Flow organization, their members, officers, directors, volunteers, and any of their representatives responsible for any illness or injury incurred by me or others in the use of this item. In return for getting this equipment/item(s) for free and at no cost, I give up any claim I may have against the above listed individuals and organizations. As well, I assume the responsibility of the maintenance and upkeep for the equipment/item(s).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_