

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 Parham Doctors' Hospital
 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). Finally, I agree NOT to sell this equipment/item(s) but to use it only for the purpose(s) it was given.

Signature: _____ **Date:** _____