

# All Blessings Flow

3509 West Monacan Drive  
Charlottesville, VA 22901-1029  
Tel: (434)882-0135



Warehouse: 2335 Seminole Lane  
Charlottesville, VA 22901  
Tel: (434) 422-8888  
Email: [allblessingsflow@yahoo.com](mailto:allblessingsflow@yahoo.com)

## LIABILITY WAIVER

**Client Name:** \_\_\_\_\_ **Previous client?** Yes  No

**Mailing Address:**

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

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

### **Disability (reason for supplies)**

- Weakness/poor balance
- Stroke/CVA
- Cancer
- Hip Replacement or Arthroplasty
- Knee Replacement or Arthroplasty
- Ankle/foot surgery or injury
- MS
- Other: \_\_\_\_\_

### **Referred by:**

- MJH Clinic: \_\_\_\_\_
- UVA Clinic: \_\_\_\_\_
- Health South
- Sentara Home Health
- Continuum
- Encompass
- At Home Care
- Other: \_\_\_\_\_

### **Equipment/items being 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 up keep for the equipment/item(s).

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