

All Blessings Flow

2335 Seminole Lane
Suite 2000, Box 3
Charlottesville, VA 22901



Tel: (434) 422-8888
Fax: (434) 422-8886
Email: allblessingsflow@yahoo.com

LIABILITY WAIVER

*(Please complete all areas with *)*

***CLIENT Name:** _____ ***Previous ABF client?** Yes
No

Mailing Address

***Street:** _____

***City:** _____ ***State:** _____

Zipcode: _____

***Phone:** _____

***Age:** _____ ***Weight (lb):** _____ ***Height: Ft:** _____ **In:** _____

For grant-related purposes, please check one:

***Sex:** Male Female

***Race:** African-American Hispanic Caucasian Asian Other:

***Disability (reason for supplies)**

- Weakness/poor balance
- Stroke/CVA
- Cancer
- Lower extremity issue (includes hip)
- Cardiac issues
- Pulmonary issues
- MS
- Urinary issues
- Dementia
- Other: _____

***Referred by:**

- Sentara MJH
- UVA
- Encompass UVA Rehab
- Sentara Home Health
- Continuum
- Encompass Home Health
- At Home Care
- All About Home Health
- Interim
- 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:** _____

