

BEACH WHEELCHAIR – HIRE AGREEMENT

HIPPOCAMPE LEISURE OR MOBI WHEELCHAIR

In this Agreement Beach Wheelchair refers to either or both the Hippocampe Leisure Wheelchair or Mobi Chair.

The hirer agrees to use the beach wheelchair in accordance with the 'Safety Procedures' provided and to be responsible for the cost of repairs to the beach wheelchair should any damage occur.

The hirer agrees to indemnify BHMP and its agents against any negligent acts, errors or omissions made by the hirer.

Name: _____ Please Print

Address: _____

Organisation: _____

(If Applicable)

Phone No: _____

Mobile No: _____

Email: _____

Signature: _____

Date

Office Use Only

Proof of Identification Required (to be sighted)

Drivers licence number _____
(Or alternative form of identification)

Date / time chair collected _____

Expected time of chair return _____

Date / time chair returned _____

Chair issued by: _____

Safety Procedure checklist for user to complete *prior to use of the beach wheelchair*

We have:

- read and understood the wheelchair safety procedures
- been provided with a demonstration on how to use the wheelchair
- checked wheel inflation pressure
- checked park brake release and park brake engage
- checked how to adjust arm and foot rest
- checked back rest adjustment, seat belt harness
- noted the low water instructions
- checked weather conditions such as wind strength, incoming tides, possible storms
- checked the surf life saving flags are in operation
- provided an approximate time to return the beach wheelchair
- noted **Burleigh Heads Mowbray Park Surf Life Saving Club** contact number in case of unexpected issues or emergency. Phone: 07 5535 2419

Name of hirer

SignatureDate / /

Name of **Burleigh Heads Mowbray Park Surf Life Saving Club** Representative

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SignatureDate / /