



EQUIPMENT LOAN AGREEMENT

Arizona Lions Vision and Hearing Foundation of Multiply District 21
3124 E Roosevelt Rd. Bldg. D
Phoenix, AZ 85008
602-267-7573

Date Requested _____, 2021

Name Picking-up SPOT: _____ Club: _____

Address: _____

City: _____, AZ. _____ Phone: _____ - _____ - _____

E-mail: _____

Event(s) Name or School: _____

Address(s): _____

City: _____, AZ, _____ Phone: _____ - _____ - _____

Anticipated Number of Screenings: per event: _____ . _____ , _____ . _____ . _____

Event Dates: _____, 2021 _____, 2021 _____, 2021 _____, 2021



Please read the below carefully before signing

The Arizona Lions Vision and Hearing Foundation of Multiple District 21 loans the undersigned the use of SPOT Vision Screener(s) provided the below items are read, understood and initialized.



Initial _____ DO NOT LEAVE THE SPOT VISION SCREENER(S) IN A HOT OR WARM PLACE, SUCH AS A VEHICLE.

Initial: _____ Total Replacement Cost of each SPOT Vision Screener loaned is \$7,000 per times
number of SPOT(S) loaned = \$ _____

Initial _____ The undersigned understands and accepts financial responsibility in the amount of \$500 (per SPOT), (the deductible) for any damage to the SPOT Vision Screener. If the SPOT Vision Screener is returned damaged beyond what is covered by the Warranty contract the full cost of \$7,000 per SPOT Vision Screener for a new SPOT Vision Screener applies.

Initial _____ Agrees to pay \$5.00 per SPOT Vision Screener per day for every day after the agreed upon return date of _____, 2021, or forfeits rights for future loan of a SPOT Vision Screener(s) until late fee is paid in full.

Initial _____ Has been trained on the correct use of the SPOT Vision Screener to achieve the correct Screening results. And trained on the safe handling and storage of the SPOT screener.

Initial _____ Understands and agrees to provide the Arizona Lions Vision and Hearing Foundation of Multiple District 21 the statistical results required by the Foundation. (Form attached)

Initial _____ Will provide the Foundation with the name of the responsible party's information that will follow-up on exams for referred students. i.e., Lion member's name, phone and email address, or school nurse or aide's name, school nurse or aide's phone number and e-mail address. (See Form attached)

Initial: _____ In borrowing the SPOT Vision Screener the undersigned: Has checked the SPOT Vision Screener(s) is in good working order. Serial Number(s): _____, _____, _____

Organization or Club responsible for Cost of Equipment in Case of Loss or Damage:

_____ Phone Number: _____ - _____ - _____

Authorized Representative Accepting Financial Responsibility for Organization or Club
Print Signature

Foundation's Authorized Representative's Signature Releasing Spot Vision Screener(s)

_____ Date: _____, 2021

TO BE COMPLETED WHEN SPOT(S) VISION SCREENERS ARE RETURNED

Returned by Lion Member or Other (Please Print)

Signature

Returned Spot(s) have been verified to be in same working order as when picked up:

YES _____ NO _____ NOTES: _____

Late Fee(s) Charged: \$ _____ x number of Spots _____ = \$ _____ Collected: YES _____ NO _____

Form of Payment: _____

_____, 2021
Foundation's Authorized Representative Title Date