



Web TechOWLpa.org
Phone (800) 204-7428
Email TechOWL@temple.edu

TechOWL's Used Equipment Exchange Program

*a program of the Commonwealth's statewide program under the federal Assistive Technology Act of 2004
(TechOWL, formally known as Pennsylvania's Initiative on Assistive Technology [PIAT])*

RELEASE OF LIABILITY AND TERMS

I agree to indemnify and hold harmless the Institute on Disabilities, Temple University, the Office of Vocational Rehabilitation, the Department of Labor and Industry, the Commonwealth of Pennsylvania, and any and all partners, employees, agents or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Institute on Disabilities, Temple University, the Office of Vocational Rehabilitation, the Department of Labor and Industry, the Commonwealth of Pennsylvania, and any and all partners, employees, agents or representatives of the same, in connection with an item donated to me from Pennsylvania's Assistive Technology Lending Library (ATLL) and/or the Used Equipment Exchange Program.

I understand I am receiving this item in "as is" condition and acknowledge that the donation is final. I understand that the item is no longer sold or supported by the manufacturer.

I understand that I am now the owner of the device, and that I am solely responsible for any additional accessories, evaluation, training, repair, replacement parts (including batteries), and for the safe disposal of the device once I no longer want or need it.

Should the device still be in usable condition when I no longer want or need it, I will contact TechOWL (800-204-7428, TechOWL@temple.edu) to see if the device can be reused by another person with a disability.

I ("The Recipient") agree to the Release of Liability and other terms and conditions as listed above.

(Signature and date) (Guardian's signature if minor or designated guardian)

(Print your name)

(Mailing address)

(Phone number)

(Email address)

(County)

Device Donated to the Recipient:

Name of Device	Estimated Retail Price	Cost to Consumer

SATISFACTION SURVEY

RECIPIENT - Please check one: The device donated to me will be used primarily for:

- Education Employment Community Living

RECIPIENT - Please check one: The device was obtained because:

- Could only afford the AT through the statewide AT Program
 AT was only available through statewide AT Program
 AT was available through other programs, but the system was too complex or the wait time too long
 None of the above – please describe: _____

RECIPIENT - Please check one: Rate your satisfaction with the Used Equipment Exchange program:

- I am highly satisfied I am satisfied I am somewhat satisfied
 I am not satisfied because _____



Main Office
Pennsylvania's Initiative on Assistive Technology
1301 Cecil B Moore Ave | Ritter Annex Suite 430 | Philadelphia, PA 19122

Locations in

Allentown | Camp Hill | Erie | Philadelphia | Pittsburgh | Saint Marys | Scranton | Washington | Williamsport