

RELEASE

This GENERAL RELEASE is made as of this \_\_\_\_ day of \_\_\_\_\_, 200\_ by \_\_\_\_\_ (“I” or “Me”), in favor of Chariots of Hope, Inc., a [Recipient Name – Printed] Connecticut corporation (“Chariots”).

RECITALS

A. I, or my organization, have requested that a reconditioned or new wheelchair provided to me by Chariots (the “Wheelchair”).

B. While Chariots believes the Wheelchair to be in sound condition, it cannot represent or warranty that to be the case, and I agree, by signing this release, that I will not hold Chariots responsible for an injury as a result of any defect in the Wheelchair.

Now, therefore, in consideration of Chariots’ provision of the Wheelchair to Me, the sufficiency of which consideration is acknowledged by Me, and intending to be legally bound, I agree as follows:

1. I hereby release and forever discharge Chariots, its officers, directors, volunteers and their successors and assigns, from any and all “Claims” (as defined in Section 2 below) which I ever had, now has, or hereinafter can, shall or may have against Chariots, its officers, directors, volunteers and their successors and assigns arising out of, in connection with or because of, my use of the Wheelchair.
2. For the purposes of this Release, the term “Claims” means claims, actions, causes of action, suits, debts, accountings, accounts, agreements, promises, damages, liabilities, and obligations of any nature, kind or description whatsoever, known or unknown, at law or in equity.
3. This Release shall bind and inure to the benefit of each party and his or its respective executors, administrators, personal representatives, heirs, successors and assigns.
4. The words "I" and "Me", together with any pronoun used in connection therewith in any form, shall include the singular, plural, masculine, feminine and neuter, as the context may require. Whenever used, the singular number shall include the plural and the plural the singular.

In WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

WITNESS:

\_\_\_\_\_  
Signature

**Return to:**  
Chariots of Hope, Inc  
45 Barber Pond Road  
Bloomfield, CT 06002  
Fax: (860) 760-6227

PHOTO RELEASE:

For use in our newsletter or brochure, we ask that you provide us with a picture of the person in the wheelchair. By doing so, you assist us in continuing our mission to help people in need have the opportunity for mobility and engagement in the life of the community and increasing their quality of life.

Actual names will not be used in any publication. You help and mm ,ogive *Chariots of Hope* this permission waiving all rights for any compensation in usage and liability concerning this stated purpose.

Signed \_\_\_\_\_

Thank you for your co-operation.

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