



# Beach FreeWheeler Wheelchair Loan Agreement & User Information

NAME OF APPLICANT/CARER	
NAME OF USER (if different from above)	
STREET ADDRESS	
POSTAL ADDRESS	
SUBURB	
POSTCODE	
TELEPHONE	
MOBILE PHONE NUMBER	
DRIVERS LICENCE N°/PENSION CARD N°	
DATE	
TIME REQUIRED	From.....To.....
PLEASE INDICATE IF RESIDENT OR VISITOR*	Resident <input type="checkbox"/> Visitor <input type="checkbox"/>
PLEASE INDICATE IF THE CHAIR IS TO BE USED BY A CHILD OR ADULT*	Child <input type="checkbox"/> Adult <input type="checkbox"/>

**\*Information required for stats on usage**

- I confirm that the information supplied above is true and correct.
- I have read and understood the CONDITIONS OF USE, SAFETY AND HANDLING AND BEACH ACCESS PROCEDURES.
- I undertake to use the Beach FreeWheeler only within the Shire of Broome town site.
- I acknowledge that the use of the Beach FreeWheeler is entirely at the risk of the user/carer.

**BEFORE RETURNING THE BEACH FREEWHEELER, PLEASE ENSURE IT IS THOROUGHLY WASHED DOWN WITH FRESH WATER**

Signed.....Date.....20

**Shire of Broome Beach Services**  
**Beach FreeWheeler**  
**Wheelchair Indemnity**  
**Agreement**

**BEACH FREEWHEELER WHEELCHAIR INDEMNITY AGREEMENT**

I \_\_\_\_\_  
Print Full Name

of \_\_\_\_\_  
Permanent Address

[Town/City] \_\_\_\_\_ [Post Code] \_\_\_\_\_

and Contact Telephone No. \_\_\_\_\_

and Temporary Broome Address:

\_\_\_\_\_  
\_\_\_\_\_

I hereby agree to indemnify the Shire of Broome against all claims directly or indirectly arising from or incurred in connection with damage to or loss of property or injury arising from the use of the Beach FreeWheeler Wheelchair whilst in my care.

I acknowledge that I have read and understood the **CONDITIONS OF USE, SAFETY, HANDLING AND BEACH ACCESS** forms and will abide by all requirements including those provided by Beach services.

I agree to this indemnity agreement and authorise the Shire of Broome to invoice me directly for any costs incurred whilst the Beach FreeWheeler Wheelchair is in my care.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# Beach FreeWheeler Maintenance Checklist and Feedback

- Has the Beach FreeWheeler been washed with clean water and is free of sand, mud and salt water?
- Is the Seat and Back/ Foot rest fabric and upholstery in good condition with no cracks fraying or holes?
- Are all inflatable tyres, pumped up to the recommended pressure (2-4PSI), cleaned with no punctures or damage?
- Are all seat belts and harnesses clean, not fraying and secured onto the Beach FreeWheeler?
- Is the nylon clip for the brake travel bar secure and intact?
- Are all clips and pins secured and in place on Beach FreeWheeler?

## Comments

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## Follow up Action Required

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## Returned by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Beach FreeWheeler Security Hold Credit Card Details

(only required if Beach FreeWheeler is being used away from patrolled area)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TOWN SUBURB \_\_\_\_\_

STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

**DAYTIME PHONE**  
NO. \_\_\_\_\_

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## **DESTROY THIS SECTION AFTER Beach FreeWheeler is Returned**

ACCOUNT TYPE     Visa         Master Card

CARD HOLDERS NAME (As shown on card):

CARD  
NO:

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EXPIRY DATE 

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