

## Damage Waiver Form

Graves Events ("Provider") agrees to hire the following equipment to [Name of Waiver Recipient] ("Recipient") on the condition that recipient agrees to the terms and conditions outlined below:

**Equipment Description:** 

**Date of Rental/Lending:** 

Damage deposit: £250 (fully refunded after hire of items returned and checked by Provider)

## **Terms and Conditions:**

**Waiver of Liability:** Recipient agrees that they assume full responsibility for the property/equipment listed above and will be solely responsible for any damage, loss, or theft that may occur during the rental/lending period.

**Care and Maintenance:** Recipient agrees to use the equipment with reasonable care and in accordance with any provided instructions or guidelines. Recipient shall not misuse, abuse, or intentionally damage the equipment.

**Damage Assessment**: Provider reserves the right to inspect the equipment upon its return. Any damage, loss, or theft will be assessed by Provider, and Recipient will be responsible for the cost of repair, replacement, or compensation as determined by Provider.

**Reporting Damage**: Recipient must immediately report any damage, loss, or theft of the equipment to Provider. Failure to report such incidents promptly may result in Recipient's liability for the full cost of repair or replacement.

**Indemnification**: Recipient agrees to indemnify and hold harmless Provider from any claims, liabilities, or expenses arising from the use or possession of the equipment by Recipient, including any third-party claims.



Recipient's Information:			
Full Name:		_	
Address:		_	
Phone Number:		_	
Email Address:			
Provider's Information:			
Full Name: Graves Events			
Address: 9 Main Rd, Thurlby, Bourne, Lincs, PE10 0DZ			
Phone Number: <u>07727 933081</u>			
Email Address: graves.events@hotmail.com			
Agreement:			
I, the undersigned Recipient, acknowledge that I have read a Damage Waiver Form. I agree to abide by these terms and a property/equipment listed above during the rental/lending	assume full respo		ns of this
Recipient's Signature:	_ Date:		
Provider's Signature: <u>CGraves</u>	_ Date:		