

# Idaho Center for Assistive Technology

5420 W Franklin Rd., Boise ID 83705 (208) 377-8070

## Loaning Library Membership Registration

### BORROWER'S CONTACT INFORMATION

Please complete this side of the form for the person who will actually be picking up, requesting shipment of, and/or returning loaned items. This person will be responsible for the safe and timely return of the borrowed items.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

#### Home Info

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Work Info

Organization: \_\_\_\_\_ Your Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### General Info

Who are you borrowing items for?  Yourself  Relative/Spouse  Client/Student

Emergency Contact (Name and Phone): \_\_\_\_\_

Would you like to be on ICAT's mailing list?  Yes At home or at work? \_\_\_\_\_  No

Would you like to receive e-mail updates?  Yes At home or at work? \_\_\_\_\_  No

### LOANING LIBRARY AGREEMENT

Please read this agreement completely, then sign and date to indicate your acceptance of the conditions below.

#### Condition of Items

Please return borrowed items in clean and operable condition, with all parts, by the due dates, or contact ICAT to determine if they can be renewed. Report any damage or problems upon return of items.

#### Repair/Replacement

The undersigned borrower agrees to be responsible for the cost of repairing or replacing items borrowed from the Idaho Center for Assistive Technology library that may become damaged, destroyed, lost, or in any other way altered during use, regardless of fault.

#### Legal and Administrative Expenses

If it becomes necessary for ICAT of Idaho to take legal action to enforce the terms of this agreement, the undersigned borrower agrees to reimburse ICAT for all of its expenses, including reasonable attorney fees and costs of suit.

#### Copyright Protection

ICAT's library abides by all lending and copyright laws governing the unlawful duplication of copyrighted computer software and software manuals. The undersigned borrower understands that this material is protected by copyright laws and agrees not to make copies, and also to remove the software from his/her hard drive before returning the item to ICAT.

#### Release

The undersigned borrower hereby consents to the registration of the borrower and user(s), as applicable, with the Idaho Center for Assistive Technology Loaning Library. The undersigned borrower also releases and forever discharges ICAT and its employees, agents, officers, and board members from, or against, any and all claim, demand, suit, judgment, and liability of any and every nature and kind arising, whether directly or indirectly, out of the use of any toys or possessions taken from the ICAT Loaning Library.

\_\_\_\_\_  
Signature Date

**USER'S CONTACT AND PERSONAL INFORMATION**

Completion of this section (User's Contact and Personal Information) is voluntary. The information obtained is grouped to be used for planning and reporting purposes to better serve our clients.

Based on who you are borrowing items from the ICAT library for, please complete the appropriate section(s) below.

<i><b>For Yourself</b></i>	<i><b>For Relative/Spouse</b></i>	<i><b>For Client/Student</b></i>
Date of Birth: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male  Disability: _____ _____ _____ _____ _____	Date of Birth: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male  Disability: _____ _____ _____ _____ _____	Organization/School District: _____  Age Groups Served: (Check all that apply) <input type="checkbox"/> 0-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-17 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 22-54 years <input type="checkbox"/> 55-64 years <input type="checkbox"/> 65 years and older  Categories Served: <input type="checkbox"/> Clients <input type="checkbox"/> Students  Average Number Served: _____

**LIBRARY MEMBERSHIP FEE**

**Type of Membership** (Please check one)

- Family Membership fee: \$20.00 per year       \* Employee of a member organization

**Service providers and school employees must have a service agreement in place before borrowing.**

<i><b>Borrowing for Yourself/Relative/Spouse</b></i>	<i><b>Borrowing for Client/Patient/Student</b></i>
Equipment will be used for:  <input type="checkbox"/> Learning Goals <input type="checkbox"/> Vocational Goals <input type="checkbox"/> Daily Living <input type="checkbox"/> Trial use to decide what to buy Other: _____	Does the organization you work for have a Service Agreement with ICAT?  Name of Organization: _____ <input type="checkbox"/> Yes, they have a contract good through _____. <input type="checkbox"/> No, they do not have an agreement yet.  * If no service agreement is in place, please complete the Fee Worksheet for Organizations.

<b>Office Use Only</b>			
Membership Category:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	Membership Fee: _____ Paid On: _____ Or Waived On: _____	Entered in Database On: _____ Entered By (Initials): _____