

**Simple Comforts**  
**Rental Agreement Terms**  
41 W. Lee Hwy, Suite 61  
Warrenton, Virginia 20186  
(540) 341-7135 (800) 361-1440  
Fax (540) 341-7139

Responsible Party Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Type: Visa \_\_\_\_\_ MC \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Height of Person Using Equipment: \_\_\_\_\_ Weight of Person Using Equipment: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Rental Days: \_\_\_\_\_

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**All Items Must Be Returned Clean & In Acceptable Condition As When First Rented**

**Please Read Before Signing:**

Simple Comforts rents to Renter signing this agreement mobility equipment subject to the terms and conditions set forth in this Rental Agreement and Renter agrees:

- 1) The mobility equipment is the property of Simple Comforts and is in good condition. Renter will return the mobility equipment in the same condition as when received.
- 2) Renter is responsible for the mobility equipment and will reimburse Simple Comforts for the full cost of replacement upon demand for any damage, loss, theft or destruction of the mobility equipment.
- 3) In the event that Simple Comforts institutes legal proceedings to recover missing property or damages, Renter agrees that Simple Comforts will be able to recover legal expenses and additional costs related to damaged equipment.
- 4) The Renter understands and authorizes that Simple Comforts will charge the credit card used for any repair or replacement costs of the mobility equipment.
- 5) Limitation of Liability and Indemnity: In no event will Simple Comforts be liable to Renter for any incident or injury, indirect or consequential damages however caused, whether by negligence or otherwise.  
Indemnity: The Renter agrees to protect, indemnify and hold harmless Simple Comforts from and against all claims, damages and costs including legal expenses arising out of Renters use of equipment.
- 6) I agree that I have been instructed on how to use the mobility equipment and take full responsibility for the proper use and care of the equipment during the rental period.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Date of Rental Agreement