

**Soroptimist International of Anacortes HHELP  
(Home Health Equipment Loan Program)**

**Signature Authorization**

The person named below is authorized to sign on my behalf  
for the use of durable medical equipment loaned by  
Soroptimist International of Anacortes

NAME of AUTHORIZED SIGNER

Print:

\_\_\_\_\_

Signature:

\_\_\_\_\_

I accept full responsibility for the use of said equipment and  
have read and accept the terms of the **Release of Liability**  
**agreement** signed on my behalf.

Signature of person using the equipment:

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_