

**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: _____