



Post Office Box 7136
Myrtle Beach, SC 29572
(843) 449-0554
sosCareSC.org

Adaya's Gift of Hope / Adaya's Closet

Indemnity Agreement

If applicant is accepted as a recipient of equipment or goods for either Adaya's Gift of Hope/Adaya's Closet, the following terms shall apply as agreed to upon the signing of this contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

I understand that equipment provided through Adaya's Gift of Hope/Adaya's Closet is designed to assist the applicant with their ability to better navigate the community and that usage of the awarded, assigned equipment is based upon the need of the recipient as request and written during the initial application process.

I will not hold SOSCare or any agent or representative of Adaya's Gift of Hope/Adaya's Closet, or any of its employees or volunteers, (collectively the "Releases") involved liable for failure of equipment to function properly, or if it is faulty through no fault of those listed above and hereby release all such Releases from any claim, cause of action, loss or damages arising from provided resources.

I understand that my application will be shared with members of the nominating committee in order to determine eligibility for services.

I understand that Adaya's Gift of Hope/Adaya's Closet is a program administered through SOSCare. SOSCare desires protection against any personal liability, claim, suit, action, loss or damage that may result from the Indemnitee's as a result of participation in Adaya's Gift of Hope/Adaya's Closet.

_____ Date _____
(Name of Applicant)

_____ Recipient/Parent/Legal Guardian
(PRINTED)

_____ Recipient/Parent/Legal Guardian
(SIGNED)

Date

_____ Date _____
Agent of SOSCare (Print)

_____ Date _____
Agent of SOSCare (Signature)