



A LEG UP OF MINNESOTA, LLC  
5021 Vernon Ave #108  
Minneapolis, MN 55436  
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HCPC: EO118 (crutch substitute)

### CUSTOMER RENTAL AGREEMENT

Please print clearly

Patient Name: \_\_\_\_\_ Rental Start Date: \_\_\_\_\_

Billing Address: Street /Suite \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Delivery Address: Street /Suite \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: Work/Home \_\_\_\_\_ Cell \_\_\_\_\_ Cell/Text  Y  N

Email: Work \_\_\_\_\_ Home \_\_\_\_\_

Briefly describe the injury, surgery, or illness: \_\_\_\_\_

Patient's Doctor: \_\_\_\_\_ Office Location: \_\_\_\_\_

**Rental rate:** \$35/week with a four week minimum; plus valid credit card on file or \$125 deposit. Any remaining deposit will be credited to patient when knee scooter is returned damage-free. For rentals exceeding initial rental term paid, additional charges of \$35/week will be charged.

**Delivery:** Delivery and Pick up: \$45.

\_\_\_\_\_ I understand and accept these terms including the rental and delivery costs. (\$185 is due upon initial receipt of knee scooter.)

\_\_\_\_\_ I also understand that it is my responsibility to follow the manufacturer's instructions for operation and safety of the knee scooter, and to use common sense. Children will not be allowed to use the product (unless the child is the patient). A Leg Up of Minnesota, LLC assumes no liability for any injury or damages arising from the use or misuse of this product. If I have questions, I will contact A Leg Up of Minnesota (612.965.2169) for advice and assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date