# Disposal of equipment waiver of liability

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| **Equipment Type** | Click or tap here to enter text. |
| **Asset Number** | Click or tap here to enter text. |

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| **As the signing party to be gifted the above equipment from Enable New Zealand, I acknowledge:** | |
|  | This piece of equipment has been deemed uneconomical to repair, refurbish, or remove (i.e. the cost of repair/refurbishment/removal for reissue is greater than 50% of the value of the item). |
|  | Enable New Zealand has advised the giftee that this piece of equipment is being gifted in  “**as is, where is”** condition. Enable New Zealandis hereby absolved of all responsibility for  the equipment’s safety or functionality.  Ownership of this piece of equipment will be transferred to the giftee on the date this waiver is signed. |
| In order to accept ownership of this equipment, please note the points below and confirm acceptance by signing and returning a copy of this form.   * It is strongly suggested that the giftee undertake a professional assessment on this equipment to ensure it is fit for purpose. * If this piece of equipment has electrical components, it is recommended the giftee has these checked and certified before use. * All labels or references to the Ministry of Health, Whaikaha – Ministry of Disabled People, or Enable New Zealand must be removed, including the asset number. * Any costs associated with the equipment, including (without limitation) repairs, maintenance, modifications, adjustments and servicing requirements in general (including any applicable spare parts) are the responsibility of the giftee. | |
| As the giftee, I understand that from the date of this waiver, Enable New Zealand holds no responsibility for the piece of equipment being gifted. This includes any repairs and maintenance requirements and how the equipment is used. | |

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| **Giftee information** | | | |
| **Name of giftee** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | |
| **Signature** |  | **Date** | Enter a date. |
| **Phone Number** | Click or tap here to enter text. | | |

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| **For Enable New Zealand** | | | |
| **Name** | Click or tap here to enter text. | | |
| **Title** | Click or tap here to enter text. | | |
| **Signature** |  | **Date** | Enter a date. |

On completion of this form, please retain one copy for your information and return one fully signed copy to:

National Manager Warehouses and Logistics

Enable New Zealand

PO Box 4547

Palmerston North 4442