# Medical Equipment Loan Agreement

Date: [Insert Date]

**Borrower:** [Community Health Program Name]

**Address:** [Borrower Address]

**Loan Provider:** [Provider Name]

**Address:** [Provider Address]

## **Agreement Terms**

This Medical Equipment Loan Agreement (the "Agreement") is entered into between the Borrower and the Loan Provider on the date written above.

### 1. Equipment Description

The following medical equipment will be loaned:

- [Equipment Item 1]
- [Equipment Item 2]
- [Equipment Item 3]

#### 2. Loan Period

The loan will commence on [Start Date] and will end on [End Date].

#### 3. Responsibilities

The Borrower agrees to:

- Take proper care of the equipment.
- Return the equipment in good working condition.
- Notify the Loan Provider of any damages or loss.

#### 4. Liability

The Borrower shall be responsible for any damages and will reimburse the Loan Provider for repair or replacement costs.

### **5.** Governing Law

This Agreement shall be	governed by	the laws of	[State or Region].
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# **Signatures**

Borrower's Representative:	
Loan Provider's Representative: _	
Date:	