



**Southern Shores  
Volunteer Fire Dept**

15 S. Dogwood Trail  
Southern Shores, NC 27949  
Phone 252.261.2272  
Fax 252.255.0551  
[www.ssvfd.net](http://www.ssvfd.net)

**Edward Limbacher**  
Fire Chief

Cell: (252) 489-1529

Email: [info@ssvfd.net](mailto:info@ssvfd.net)

Code for Lock: 0012

**BEACH WHEELCHAIR SIGNOUT FORM**

Dates Requested From: \_\_\_\_\_ To: \_\_\_\_\_

Time Loaned: \_\_\_\_\_ Fire Staff: \_\_\_\_\_

Date Returned: \_\_\_\_\_ Time Returned: \_\_\_\_\_ Fire Staff: \_\_\_\_\_

**ADDRESS DELIVERED TO:**

\_\_\_\_\_

**PERSON RECEIVING WHEELCHAIR MUST COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Name of Responsible Person

\_\_\_\_\_  
Name of Person Using Chair

\_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Driver's License # and State

\_\_\_\_\_  
Email Address

**LIABILITY WAIVER**

In consideration of the use of this equipment being provided to me by the Southern Shores Volunteer Fire Department, I:

1. Agree to fully inspect said equipment before use so that it is in a safe and usable condition. If any part of this equipment is unsafe or in need of repair, I will report any problems found to Southern Shores Volunteer Fire Department and will not use this equipment until repairs have been made.
2. Acknowledge and fully understand that the person(s) using the wheelchair will be engaging in activities that involve inherent risks of personal injury, disability, and/or death which might result not only from their own actions or neglect, but the actions and neglect of others, and the conditions of the equipment being used.
3. Assume all the foregoing risks and accept personal responsibility for the damages to equipment and self, following such injury, disability, or death.
4. Release the Southern Shores Volunteer Fire Department and/or all respective directors, agents, employees, or members from any liability to any person using said equipment, including injury, disability and death.
5. Agree to use lock and chain provided to secure wheelchair any time it is left unattended.

The undersigned has read the above waiver and release, understands they have given up substantial rights by signing it, and have done so voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Wheel Chair Beach Access**

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Hillcrest Drive

Trout Run

Ocean View Loop