



# Transformative

GROWTH THERAPY, PLLC

## Agreement to Borrow, and Release of Liability

I, \_\_\_\_\_, am borrowing \_\_\_\_\_  
from Transformative Growth Therapy PLLC., a Washington Psychotherapy company.

The rental period for this item is from \_\_\_\_\_ to \_\_\_\_\_. I understand that it is my responsibility to pick up the item, and to return it to the same location at the end of my rental period unless otherwise agreed by both parties. I agree to return the item to Transformative Growth Therapy PLLC. In the same condition that it was in on the day I rented it, normal wear and tear is expected. I agree to the monetary value of \_\_\_\_\_, for this item(s).

I understand that there is no charge for the rental of the item(s). However, in the event that the item(s) is lost or destroyed during my rental period, I agree to replace the item(s) at my own expense. Also, if the item(s) is damaged during my rental period, I agree to have the item fixed or replaced. If I do not repair or replace the item within 30 days after my rental I authorize Transformative Growth Therapy PLLC. to charge the value of the borrowed item(s) to my credit card described below

I HEREBY RELEASE FROM LIABILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS TRANSFORMATIVE GROWTH THERAPY PLLC., AND ANY OF IT'S EMPLOYEES, AGENTS OR VOLUNTEERS REPRESENTING OR RELATED, OR FOR ANY LIABILITY IN CONNECTION WITH THE USE OR POSSESSION OF THE ITEM(S). THIS RELEASE IS FOR ANY AND ALL LIABILITY FOR PERSONAL INJURIES (INCLUDING DEATH) AND PROPERTY LOSSES OR DAMAGE OCCASIONED BY, OR IN CONNECTION WITH THE POSSESSION OR USE OF THE ITEM(S).

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, \_\_\_\_\_, authorize Transformative Growth Therapy PLLC. to charge my credit card above for agreed upon value for borrowed item(s). I understand that my information will be saved to file for use in the case of unreturned or damaged item(s) as mentioned above.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date