

City of Henderson Fire Department Public Loaner AED –Application

Qualified Provider Name (First):	(Last)	Request Date:	
Event Name:		Event Date:	
Qualified Provider Contact Information			
Primary Contact Home Address:		Home Telephone Number: ()	
City:	State:	Zip Code:	
E-mail Address:			
Back Up Contact Name (First):		Back Up Contact Telephone Number: ()	
City:		State:	Zip Code:
Event Information			
Requested Check Out Date:		Requested Return Date:	
Event Address:		Event Phone Number: ()	
City:	State:	Zip Code:	
Event Start Time:		Event End Time:	
Does the event venue have an AED on-site already:		Estimated Attendance:	
Type of Event			

<input type="checkbox"/> Community/School/Church Event	<input type="checkbox"/> Company Event
<input type="checkbox"/> Family Event	<input type="checkbox"/> Sporting/Athletic Event
<input type="checkbox"/> Event with guests at High Risk	<input type="checkbox"/> Other: _____

By signing below, I acknowledge that the information provided is true and accurate. I also certify that I am age 18 or older, have successfully completed the Chest Compression Training, have reviewed the AED Instructional Video, and have signed a Release of Liability form. I stipulate and agree that I am responsible for the transportation, storage, operation, and return of the AED in the same or similar condition, as received, within 24 hours after the end of the event as stated under the "Requested Return Date." Further, I stipulate and agree that a fee of \$1250.00 may be charged should I fail to return the AED within 5 days of the Requested Return Date.

Signature of Qualified Provider _____
Date

Event Request Approved/Denied:	AED ID:
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Signature of Fire Department _____
Date