

# CIRCA Isle of Man Limited - Shopmobility Scheme

Circa House, Level 2 Chester Street Car Park,  
Douglas, Isle of Man, IM1 2PG. Tel: 613713



## Registration form

In consideration of you loaning to me a wheelchair/scooter under the CIRCA Isle of Man Limited Shopmobility scheme, I undertake:

- To accept full responsibility for the wheelchair/scooter during the rental period and not to leave it unattended at any time. *I acknowledge that CIRCA Isle of Man accepts no responsibility whatsoever and will not be held liable for any injury, loss, damage or inconvenience either to myself or to any other person arising from the use of a wheelchair/scooter supplied to me by CIRCA Isle of Man.*
- To meet in full, the current replacement cost / or the full cost of repairs in the event of the loss or damage to the vehicle,.
- To use the wheelchair/scooter with due care and attention and to indemnify CIRCA Isle of Man against any action, proceedings, claims or demands arising from the use of the equipment.
- To inform CIRCA Isle of Man of any accident that may occur whilst the wheelchair/scooter is on loan to me.
- Not to take the wheelchair/scooter from the Isle of Man without prior permission in writing from CIRCA.
- Not to carry babies or children on the wheelchair/scooter.
- Not to allow anyone else to use the wheelchair/scooter.
- To use the wheelchair/scooter at my own risk and accept that CIRCA Isle of Man are not be liable to me, for any injury, damage, loss of expenses whatsoever, however arising or caused.
- To only use the wheelchair/scooter within the shopping areas in the Isle of Man.
- Not to exceed the weight limits for the vehicle, this will include the weight of my shopping if carried on the vehicle. (Please ask CIRCA for the weight limits when collecting the wheelchair/scooter or phone us on the above number).
- To return the wheelchair/scooter to a member of staff of CIRCA Isle of Man on the specified date stated. (You may return the wheelchair/scooter to the Offices of CIRCA or arrange for its collection if it is not required for the full rental period. A refund of the unused full days will be considered. This will depend on the demand for the wheelchair/scooter at the time)
- *CIRCA Isle of Man reserves the right to refuse the loan of a wheelchair/scooter if any of the above conditions are not met and / or in their absolute discretion they consider it inappropriate for the wheelchair/scooter to be loaned to me.*

I acknowledge that if I am unable to collect and return the wheelchair/scooter a delivery and collection charge will apply as per the tariff applicable at the time.

I the undersigned have been given sufficient instruction on the use of the vehicle, and declare that I am fully competent to use the vehicle. I also confirm that I am not aware of any condition, illness or disability which would impair my ability to safely operate the wheelchair/scooter loaned to me by CIRCA Isle of Man. I undertake to inform CIRCA Isle of Man immediately if I become aware of any change in my condition, which might affect my ability to safely operate the wheelchair/scooter loaned to me.

Name: ..... Contact Telephone No: .....

Home Address: ..... Post code: .....

If you are a visitor please provide ..... Post code: .....  
your address in the Isle of Man

Date from which wheelchair/scooter required: \_\_/\_\_/\_\_ Date to be returned: \_\_/\_\_/\_\_

Deposit paid: ..... Donation paid: ..... Wheelchair/Scooter No: .....

I confirm that I sign this registration form having fully understood the conditions of use as set out above. If the wheelchair/scooter is being borrowed for use by any other person, I enter this agreement as on his/her behalf. If borrowing a battery powered scooter I am 18 years of age or over.

Signed: ..... Date: \_\_/\_\_/\_\_  
PLEASE NOTE – power scooters may affect pacemakers if worn.

Delivery required? Yes/no  
Delivery charge: .....  
Zone:

This information will not be shared with any third party and is for our use only.

### For office Use

Familiarisation procedure completed: \_\_/\_\_/\_\_ Signed: ..... Receipt No: .....

(The above have been accepted as a registered user of the CIRCA Isle of Man Shopmobility scheme)

Date taken/delivered: \_\_/\_\_/\_\_ Date returned/collected: \_\_/\_\_/\_\_ Wheelchair/scooter No: .....

Age: (5 – 17) (18 – 64) (65+) Reason: Post Op Accident Mobility  
GP Nobles Crossroads Red Cross Other: \_\_\_\_\_ Delivery Charge: £.....

### Photocopy to be given to user with original held on file