



## LMEF Orthopedic Equipment Loan

Invoice No. \_\_\_\_\_ Employee No. \_\_\_\_\_

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_

Recipient of Equipment: \_\_\_\_\_

Type of Equipment Taken: \_\_\_\_\_

Date Taken: \_\_\_\_\_

Date of Return: \_\_\_\_\_

I acknowledge the receipt of the above mentioned equipment and promise to return it to the Lockheed Martin Employees' Foundation (LMEF) within ninety (90) days from date of said equipment. I recognize that LMEF does not assure that the equipment that is being loaned is free from defect and I understand that such equipment is provided to me on an "as is" basis. Therefore, by my signature below I agree to hold LMEF harmless for any and all loss or liability for property damage or personal injury including death arising out of the use of such equipment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date