



Community Warehouse Project
of CHESTER COUNTY

AGENCY REFERRAL FORM & WAIVER

****Case Managers, ALL FORMS (3) MUST be completed and emailed to CWP at time of request. Scroll to page 3 for Furniture Request Form.****

Agency's Name _____ Date _____

Case Manager's/Sponsor's Name _____

Case Manager's Email _____ Mobile # _____

Client's Name (please print) _____ Client's Social Security # _____

Client's New Address/ Apt.#/City/State/Zip _____

Client's Mobile # _____ Email _____

Birth Dates of all adults and children in this household _____

CLIENT RESPONSIBILITY PLEDGE

****INITIAL EACH STATEMENT****

1. _____ It is your responsibility to make space for the new items being received.
2. _____ Please provide prior warning of awkward access to or within your residence:
e.g. lack of parking, any stairs, small doorways etc...
3. _____ Clear access must be available to all necessary rooms.
4. _____ I understand that all furniture is used and is offered in "As-Is" condition with no guarantees for functionality or quality. **FURNITURE AND HOME GOODS CANNOT BE RETURNED TO CWP.**
5. _____ I understand that I should review and sign the attached Waiver/Release of Liability form.
6. _____ If needed, client should bring a translator.
7. _____ The client **MUST ACCEPT ALL FURNITURE** delivered.



Community Warehouse Project
of CHESTER COUNTY

Release and Waiver of Liability

I, as an individual on behalf of myself, my friends or movers, family members and any minor children, my heirs, executors, and administrators, hereby waive, release, and discharge Community Warehouse Project of Chester County, including its employees, volunteers, officers, and agents (collectively, "CWP") from and against any and all claims, actions or liabilities of any kind whatsoever, arising out of my acceptance, transportation, and/or use of all furniture provided by CWP, as identified below, including without limitation, for any injury, harm or death, damages, loss or inconvenience related to such. I agree to indemnify, save and hold harmless CWP from any and all loss, damage or cost which may incur as a result of any such claim, action or liability - including injury to those who come in contact with all furniture provided by CWP, as identified below, as well as the general public.

I agree that I/we will not sue and will hereby release and forever discharge, indemnify, and hold harmless CWP from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from my/our acceptance, transportation, and/or use of all furniture provided by CWP, as identified below. Moreover, I assume all risks of injury associated with the acceptance, transportation, and/or use of all furniture provided by CWP, as identified below. Additionally, I understand and acknowledge that the furniture, as identified below, has no warranty whatsoever, whether express or implied, and is being accepted for my/our use in "as is" condition.

I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania, and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

INITIAL EACH STATEMENT

_____ I further state that I have visually inspected the furniture provided by CWP, and hereby warrant that the furniture is in good condition and shows no signs of any insect infestation, and I acknowledge that all items are acceptable for my use.

_____ I AM 18 YEARS OF AGE OR MORE OR, IF NOT, I AM SIGNING AS PARENT OR GUARDIAN OF A MINOR CHILD with the consent of the other parent or guardian (if any). I understand that I may be giving up the rights of my child to sue as well as giving up my own right to sue

_____ **INTENDING TO BE LEGALLY BOUND: I have read and understand the above guidelines.**

Print Client's Name _____ Client's Mobile # _____

Client's New Address _____

Agency Name _____

Agency Case Manager's Printed Name _____

Agency Case Manager's Signature _____

Case Manager's Mobile Number _____

Has this client ever been serviced by CWP before? Yes No

If yes, when: