



Handi Van

As of April 2022, Motion# 2022-100

Name:	Phone:
Address (mail):	Email:

Waiver

I hereby legally bind myself, my heirs and successors that I waive, release and forever discharge any and all rights for damage which I may have or may hereafter accrue to me against the Town of Eston or Health Authority and their respective officers, agents, helpers, representatives and assigns for any and all damages which may sustained or suffered by me in connection with operation of the handi van.

Signature

Date

Orientation

I have received an orientation in the operation of the handi van that has included the operation of the wheel chair lift and the proper method to secure a wheel chair passenger inside the vehicle.

Signature

Date

Town of Eston

111 4th Ave SE | Box 757 | Eston SK S0L 1A0
306-962-4444 (t) | contact@eston.ca | eston.ca



Rental Agreement

Date of Rental:	Date Returned:
Time:	Time:
Speedometer Reading Start:	Speedometer Reading End:
Fuel Start:	Fuel end:

I have received approval by submitting my drivers license and filled out and signed the waiver, orientation forms.

Purpose of Trip:

I understand the policy and agree to pay the charges for the use of the handi van as invoiced by the Town of Eston.

In Town: Flat Rate charge of \$20

Out of Town: Minimum charge of \$20, plus .59 km

Signature

Date