



H.O.N.O.R.

HELPING OUR NEEDY ONES RESPECTFULLY, INC.

3032 Westmoreland Dr. Lakeland, Fl. 33810 / Phone-(863)-816-2779

Homeowner: _____ (print) JOB # _____

Wheelchair User: _____ (print)

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Alt Contact Name: _____ Phone: _____ - _____ - _____

Requested Work:

Referring Agency: _____

Install a wheelchair ramp that is and will remain the property of *Helping Our Needy Ones Respectfully Inc. (H.O.N.O.R.)*, to allow access by the wheelchair user listed above to the home located at the address listed above.

Conditions: This ramp remains the property of *H.O.N.O.R.* When the wheelchair user listed above no longer needs the use of the ramp, *H.O.N.O.R.* must be contacted and the ramp will be removed. *H.O.N.O.R.* reserves the right to bill the homeowner for the total replacement cost if the ramp is removed, sold or damaged.

Homeowner Liability Waiver and Work To Be Performed Agreement

I acknowledge that I am the homeowner of the above address and agree to the work described above. I further agree to hold harmless and discharge *H.O.N.O.R.*, its volunteers, and any participating organization or company for any damage or injury that may occur during or after service is performed.

Homeowner (print)

H.O.N.O.R. rep signature

_____/_____/_____
Date

Homeowner (signature)

_____/_____/_____
Date

consent_wheelchair_112410