HOLYOKE MALL
A T I N G L E S I D E

WHEELCHAIR RENTAL

Guests can pick up wheelchairs in Café Square directly through Security. Additionally, you may contact Security at **413.322.7746** to arrange to have an employee meet you with a wheelchair upon arrival.

In exchange for the wheelchair, guests are required to provide one of the three forms of identification:
- Valid Driver's License
- Mass State ID
- Passport

Credit cards, keys, and/ or store cards will not be accepted.

The Wheelchair Agreement form MUST be completed and signed by the guest. If a guest does not sign the form, they will be denied a wheelchair.

Please check the wheelchair for personal items and ensure it is clean and ready for the next customer to use before returning to Security. Once returned, you will receive your form of identification.

Wheelchairs are to be returned at least half an hour before the shopping center closes (9:00 pm Monday – Saturday and 5:30 on Sunday).

For questions and more information, please contact Security at 413.322.7746

HOLYOKE mall E

WHEELCHAIR AGREEMENT

DATE: _____

I_____ am borrowing this wheelchair free of charge from Holyoke Mall.
   Print Name

I understand this wheelchair is the property of Holyoke Mall and must not be taken off the premises.
I am responsible for any damage to the wheelchair due to unnecessary abuse or neglect and do hereby
release and forever discharge Holyoke Mall Company, L.P., Owner, its heirs, executors, administrators
and assigns, from any and all actions, causes of actions, claims and demands for, upon or by reason of
any damage, loss or injury which may be sustained by me or my family in consequence of my use in
borrowing a wheelchair donated by Owner for use while shopping in Holyoke Mall.

I fully understand and agree that said usage of the wheelchair is done solely and completely at my own
risk and I accept full responsibility for my action.

This wheelchair will be returned to the Security Office before Mall closing hours on the above date.

I understand and will abide by all terms of this agreement.

Signature: _____

Telephone Number: _____

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For Security Use Only:

Name: _____

Driver's License: _____

Expiration: _____   _____

Security Initials: _____   **Wheelchair #:**_____

Time Out: _____AM/PM   **Time In:** _____ AM/PM