

Device Program Qualification Application

Name: _____

Contact Information (email or phone): _____

Address: _____

Qualifying residents

Meet one or more of the following criteria:

- Low-income
 - Your household participates in a qualifying government assistance program such as Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI), Veteran and Survivors Pension Benefit, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Federal Public Housing Assistance or Section 8, Low Income Home Energy Assistance Program (LIHEAP), or has received a Federal Pell Grant in the current award year, or
 - Your household income is at or below 135% of the Federal Poverty Guidelines.
- Disabled
 - You have a physical or mental impairment that substantially limits one or more major life activities, or
 - You have a history or *record* of an impairment (such as cancer that is in remission)
- Veteran
 - You have served on active duty in the U.S. Armed Forces for a period other than training, and received a discharge or release under conditions other than dishonorable.
- Older Adults
 - You are aged 65 or over.

Certification

- ☐ I certify that I live in the town of Charlemont, qualify under the guidelines of this program as outlined above, will return the device to the town when it is no longer needed, and understand that device training is recommended.

Waiver and Release of Liability

In consideration of the Town providing me (the "Recipient") with a laptop or tablet computer ("Device"), free of charge, I acknowledge that I am aware that the Device may be used in various ways and may involve risks. I understand that the Town has no control over how I use the Device or any information I may access through it.

Assumption of Risk

By accepting this Device, I agree to assume all risk associated with its use, including but not limited to:

- Damage to the Device;
- Loss or theft of the Device; and
- Any consequences resulting from my use of the Device or of the internet or any online services.

Release of Liability

I hereby release and discharge the Town (its officers, employees, agents, and assigns) from any claim or liability for damage, loss, or injury arising out of or in connection with the use of the Device. This includes but is not limited to any claims based on negligence, gross negligence, or other alleged wrongdoing.

Disclaimer

The Device is provided "as-is" without warranty of any kind, express or implied. The Town makes no representations or guarantees regarding the suitability, performance, or functionality of the Device.

Acknowledgment

By accepting this waiver and release of liability, I acknowledge that I have read and understood its terms and conditions. I agree to be bound by them and to indemnify and hold harmless the Town (its officers, employees, agents, and assigns) against any claims or liabilities arising out of my use of the Device.

Signature

I hereby sign this waiver and release of liability below.

Signature: _____