

FAIRVIEW HEALTH SERVICES iPad DONATION FORM

Thank you for your donation in this unprecedented time brought on by the COVID-19 pandemic. Your iPad will be used to conduct patient care for both patients positive and negative for COVID-19 in an attempt to maximize social distancing even within Fairview hospitals. Our goal is to reduce transmission of the virus as much as possible, and your donation will help achieve that goal.

By donating your iPad to Fairview, you understand and agree:

- Fairview is accepting your iPad “as is.” The donor does not guarantee the iPad will work for any particular purpose.
- The donor is donating the iPad with no expectation of goods, services, or money in return. Fairview will own the device free and clear upon completion of this donation form.
- The donor understands and believes that the donated iPad is in good and working operational condition.
- The donated iPad has been cleared of any personal or confidential information by the donor.
- Although Fairview will perform an additional “wipe” of any data remaining on the iPad, it cannot warrant or guarantee that any confidential information not deleted by the donor will be erased, and cannot accept, and hereby disclaims, any and all liability for information remaining on the device.

DONOR INFORMATION

Donor’s Name: _____

Donor’s Signature: _____

Date: