

# THE NIAGARA FRONTIER RADIO READING SERVICE

1199 Harlem Road, Buffalo, New York 14227 ♦ (716) 821-5555 ♦ read@nfradioreading.org

## SUBSCRIBER AGREEMENT

The undersigned party has, on this date, taken delivery of a Niagara Frontier Radio Reading Service special receiver: Model \_\_\_\_\_, Serial Number \_\_\_\_\_.

The undersigned party ("subscriber") agrees that the receiver remains the property of the Niagara Frontier Radio Reading Service ("NFRRS"). The subscriber, while being encouraged to use the receiver as often as he or she wishes, is not allowed to mark, alter or open the receiver.

NFRRS is responsible for repair or replacement of the receiver. In the case of malfunction, the subscriber is required to contact NFRRS at (716) 821-5555 to arrange for repair or replacement.

The subscriber agrees to hold the NFRRS harmless for any liability for damages which may have been caused or contributed to by the receiver's presence while in the custody of the subscriber. Further, the subscriber, during the entire period of having the receiver, is responsible for its keeping and care, other than repair.

If the subscriber discontinues the service, moves outside the NFRRS service area, gains the ability to read printed matter, or upon their death or other incapacity, the subscriber agrees to inform the NFRRS promptly (or instructs their estate, executor or representative to do so) to arrange for return of the receiver to the NFRRS.

By signing or having the subscriber's designee sign this form, and by accepting the receiver, the subscriber and/or his or her designee certifies that the subscriber is print-handicapped, i.e., unable to read normal printed matter, and needs the service for access to such printed matter.

### For the NFRRS:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature & Date)

### Party Signing for Subscriber (if applicable):

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature & Date)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-mail Address)

### For the Subscriber:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature & Date)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address 2)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Telephone Number) (Birthdate, Month & Day)

\_\_\_\_\_  
(E-mail Address)