



Student Acknowledgment

For

CHS Vision Clinic Eyeglass Frame Donation Program

As an applicant for the Cougar Health Services (CHS) Vision Clinic Eyeglass Frame Donation Program, I understand that I am responsible for any appointment or service fees associated with my visit to the CHS Vision Clinic, and any cost for lenses or additional accessories is my responsibility. I acknowledge that each student is limited to one pair of eyeglass frames an academic year (August-July) and that CHS Vision Clinic is not responsible for any damages or repairs to the donated frames after they have been provided to me. I acknowledge that all frames have been examined, cleaned, disinfected, and adjusted prior to distribution. By signing this acknowledgement, I understand that the donated eyeglass frames are donated “as-is” and I understand there is no warranty of any kind associated with these donated eyeglass frames. No compensation (monetary or gift) for the frames was provided to CHS Vision Clinic. I also release and hold harmless terms for accepting the donated eyeglass frames against CHS and Washington State University.

I acknowledge that donated eyeglass frames are not likely to be the perfect fit for everyone. The pair of eyeglass frames provided by CHS will unlikely provide me with the same comfort and style that I may otherwise experience with a custom-made eyeglass frame. I acknowledge that this program was developed to be used by students who have no other means of acquiring life-changing vision correction and have used this program judiciously so that this resource is sustainable and available for those who need it most.

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Student Signature

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Date

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Optometrist/Optician Signature

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Date