



together**for**better

Clark County Social Service

1600 Pinto Lane., Las Vegas, NV 89106

Email: SSAdmin@ClarkCountyNV.gov

Office: 702-455-4270 | Fax: 702-455-5950 | ClarkCountyNV.gov

Social Services Donation Form & Release of Liability

Donor Information

Name/Organization: Elizabeth Gromny

Address: 9320 Jadecrest Dr CV, NV 89134

Phone Number: 702-236-2761 Email: egromny@gmail.com

Item(s) Being Donated

Description of item(s): Sofa Bed, Chair ottoman, Wanger, Table, Paper products, Cleaning products

Estimated value: \$ 1,000 Quantity: 5 pieces

Condition (circle one): New / Good / Fair / Poor

Purpose of Donation (if applicable):

Had extra furniture

Donation Terms and Liability Release

I, the undersigned, hereby voluntarily donate the item(s) listed above to Clark County, Social Services, and affirm the following:

1. I am the lawful owner of the donated item(s) and have full authority to transfer ownership.
2. I acknowledge that Clark County accepts this donation "as-is", with no warranty or guarantee regarding the condition or usability of the item(s).
3. I understand and agree that Clark County assumes no responsibility or liability for the use, maintenance, or disposal of the donated item(s).
4. I hereby release and hold harmless Clark County, its officials, employees, and agents from any and all claims, damages, or liabilities arising from or related to the donation, transport, or future use of the item(s).

Signature of Donor: [Signature]

Date: 7-1-25

For County Use Only

Receiving Department: Social Services - Clark County

Received By (Print Name): Kristie Billings

Signature: [Signature]

Date Received: 7.3.25 Vern Clay

FURNITURE DONATION RELEASE & LIABILITY WAIVER

Donor (Releasor):

Name: CCSS

Address: 1600 Pinto Ln

Phone: 702-488-4270

Recipient:

Name: Vera Clay

Address: 2325 E Torino Ave unit 329, Las Vegas, NV 89123

Phone: _____

1. Donation Description

I, the Donor, hereby donate the following furniture ("Items") to the Recipient, with no monetary compensation:

- Sofa ✓
- Dining table
- Chair(s) ✓
- ☐ Bed frame(s)/Mattress(es)
- Other: Misc

2. "As-Is" Condition

The Items are accepted "as-is," without any warranty, express or implied.

3. Transfer of Ownership

Ownership transfers to the Recipient upon pickup or delivery, at which point the Donor has no further responsibility.

4. Release & Waiver

On behalf of myself and my heirs, I release and discharge the Donor and all related parties from any claims, liabilities, damages, or costs arising from receipt, use, transport, storage, or disposal of the Items.

5. Hold Harmless / Indemnification

I agree to indemnify and hold harmless the Donor against any losses, damages, legal fees, or claims related to the Items' transfer, use, or disposal.

6. No Resale/Transfer Restrictions (optional)

I understand the Recipient agrees not to resell or transfer the Items to unrelated third parties within ____ years (optional).

7. Entire Agreement & Severability

This document contains the full agreement. If any part is unenforceable, the rest remains valid.

Signatures

Party	Signature	Date
Recipient	<u><i>Vern Clay</i></u>	<u>7/3/25</u>

Witness (Optional but Recommended):

I, the undersigned witness, hereby certify that I witnessed the above signatures:

- Witness Name: *Kim Martin*
- Witness Signature: *[Signature]*
- Date: 7/3/25