

# SHQ Library & Resource Centre

## Condom Donation - Liability Form

### For use of expired condoms for demonstration

This form must be completed and returned before expired condoms can be supplied.

Please complete in full:

I, \_\_\_\_\_ (Full Name)  
of \_\_\_\_\_ (Organisation)  
take full responsibility that the expired condoms donated to me by  
Sexual Health Quarters will be used for internal educational and training  
purposes only, and will not be distributed further.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please return your completed form to [resources@shq.org.au](mailto:resources@shq.org.au)