

## Multi-User Electric Breast Pump Loan Agreement

District:				Clinic:			
Name:				WIC ID #			
Infant's Name:				Infant DOB:			
Address							
City:				Zip Code:			
Phone:				2 <sup>nd</sup> Phone:			
Alternate Contact Person:							
Relationship:				Phone:			
Address:							
City:				Zip Code:			
Symphony Serial Number:							
Double Pump Kit Provided?	YES		NO				
Car Adaptor Provided?	YES		NO				
Reason for loan: Select reason from the drop down selection below.							
<b>Additional Documentation as needed:</b>							
<b>RETURN DOCUMENTATION</b>							
Participant Signature:				Date Returned:			
WIC Staff Signature:							

### Loan Conditions

#### Read each statement and sign below:

- I have received instruction on the assembly, use, and cleaning of the pump, and I understand how to use and clean the pump, and how to safely store my breast milk. I will use the pump according to the instructions for assembly, use, and cleaning.
- I understand that this pump is the property of the Georgia WIC Program and is on loan to me. Therefore, I will not sell the pump, give it away, or let anyone else use it.
- I will protect the pump from theft or loss by keeping it in a secure location at all times, and will report any loss, theft or damage to the pump to the WIC Clinic.
- I will call my WIC clinic if the pump is not working properly, or if parts break.
- I will not smoke around the pump.
- I agree that the pump I have been loaned by WIC Clinic is clean and in good working condition, and that I will return the pump to the WIC Clinic in the same condition.
- I will return the pump if I no longer need the pump, if I leave Georgia, or if WIC asks me to do so. If I fail to return the pump, I agree to pay the WIC program back for the cost of the pump.
- I understand WIC will contact me to provide breastfeeding support and assess my continued need for the pump.
- I will maintain enrollment in WIC.
- I will notify WIC if I change my name, address or phone number.
- I give WIC staff permission to contact my alternate contact if I cannot be reached.
- I agree that I will not to bring a claim against the Georgia WIC Program, the local WIC Clinic, its affiliates, or any employee connected with WIC for any damages or expenses arising from use or possession of the pump.
- I acknowledge that I received an original hardcopy of the fully executed Multi-User Electric Breast Pump Loan Agreement.
- I understand and agree to these loan conditions, and further understand that continued use of the pump is at the discretion of the WIC Program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WIC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_