

BREASTFEEDING EQUIPMENT USER'S AGREEMENT

I understand that I am being provided with breastfeeding equipment and/or Multi-User Electric Breastpump # _____ because:

The proper use and cleaning of the above equipment has been explained to me and I fully understand the instructions. The proper usage and storage of pumped breastmilk have also been explained to me and I have been given written guidelines to follow.

I understand and agree that this service is provided by _____ as a public service to promote and support breastfeeding and this agency is not a dealer in this type of goods.

If I have received a multi-user electric breastpump, I understand that I must return it clean, and in good condition, undamaged to the WIC clinic by the agreed to Return by Date of _____ or within 5 working days after I am notified that I must return the pump, whichever is first. I will be asked to return the pump when one of the following conditions are met:

1. There is no continued need for the pump as determined by a staff member.
2. I stop exclusively breastfeeding my baby.
3. I stop participating in the WIC Program.
4. Another infant with more need requires the pump.

I must bring the multiuser electric pump to the WIC program at my next appointment and then every 2 month(s) for inspection. I understand that if I do not return the pump, or return it damaged, I will be required to reimburse the program the value of the pump (approximately \$600) and may be subject to a one year disqualification from the program. I understand that all other equipment is mine to keep and I will not return it to the WIC clinic.

I further agree not to bring any claim against the _____ WIC Program, Inter Tribal council of Arizona, or any official, employee, or agency connected with this program for any damages or expenses arising from the use of the pump.

I have read the above before signing and understand the contents hereof and have received a copy of it.

Client Name: _____

Client ID: _____ Client Phone: _____

Client Signature: _____ Staff Signature: _____

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