

**We R CPR, LLC AHA Training Center
CPR + FA Equipment/Supply Rental Agreement Form**

EQUIPMENT	PRICE	QUANTITY	TOTAL COST	EQUIPMENT NUMBER
Rental, Adult Manikin (each)	\$10.00			
Rental, Infant Manikin (each)	\$10.00			
Rental, Adult Manikin (set of 4)	\$30.00/ 3 days			
Rental, Infant Manikin (set of 4)	\$30.00/ 3 days			
Rental, AED Trainer (each)	\$8.00			
Replacement Lungs - Adult (each)	\$2.00			
Replacement Lungs - Infant (each)	\$2.00			
Replacement Lungs Prestan Adult 50ct	\$50.00			
Replacement Lungs Prestan Infant 50ct	\$50.00			
Rental, Resuscitator Bag - Adult	\$3.00			
Rental, Resuscitator Bag - Infant	\$3.00			
Rental, Epi Pen Trainers	\$3.00			
Rental, Bandages	\$2.50			
FA Gloves (individual pairs)	\$1.00			
Face Shields - disposable (individual)	\$1.50			
Face Shields - disposable (36 box)	\$22.50			
Face Shields - disposable (50 box)	\$25.00			
Rental, Feedback Device Rate/Depth	\$3.00			
Other:				
TOTAL AMOUNT DUE				Plus tax (9.25%)
Name				
Phone Number (Home/Work/Cell)				
Street Address				
City/State/Zip				
Rental pick-up date				
Rental return date				
Invoice/PO #				
<p><i>Call the office (423) 553-0400 to reserve any equipment you will need to ensure its availability a week in advance!! All equipment is to be returned in the same condition as it was loaned out (all will be cleaned and ready for the next rental, etc.). All rental equipment is subject to charges for any repairs necessary after it is returned to our office as a result of damages caused beyond those associated with fair wear and tear. An additional \$10.00 per manikin will be charged if the manikins are not clean and ready for use when returned. There is a \$75.00 fee for instructors not aligned with the We R CPR TC. We reserve the right to make the decision as to condition of all equipment when returned to the office.</i></p>				

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SIGN-OUT:

I have read the rental agreement and agree to follow instructions. I understand that my failure to meet all terms may result in termination of my manikin rental opportunities.

<i>Renter's Signature:</i>	
<i>Date/Time of Pickup:</i>	

RETURN:

I certify that I have performed the decontamination procedures according to We R CPR, LLC guidelines and manufacturer instructions on the CPR equipment and supplies I am returning.

<i>Renter's Signature:</i>	
<i>Date/Time of Return:</i>	
<i>We R CPR Personnel Initials:</i>	

All fees are due the day of pickup. As indicated by their signature above, the responsible party agrees to pay all reasonable charges for collection of fees (including, but not limited to, attorney's fees and court costs) in the event they have not been paid as due for services rendered and listed hereon. Parties agree that this contract is in Hamilton County, Tennessee, and the courts in Hamilton County, Tennessee, have exclusive jurisdiction and venue. There will be a \$25 fee on returned checks.