



**Public Health**  
Prevent. Promote. Protect.

Rolette County Public Health District

# Rolette County Public Health District ELECTRIC BREAST PUMP LOAN AGREEMENT RELEASE FORM

The client has read and agreed to the following statements:

- I have received the electric breast pump in good condition.
- I have been instructed on how to use the electric breast pump and I **will** use the pump as instructed.
- I will notify the Rolette County Public Health office if I have questions or problems with the breast pump.
- I understand that for health reasons, the electric breast pump is for my use only and I will not share it with someone else.
- I received the electric breast pump and all its parts in clean, working condition on \_\_\_\_\_ (date) from RCPHD.
- I understand that Rolette County Public Health District, its employees, or the North Dakota Department of Health is not responsible for any personal damage caused by the use of this electric breast pump. I am the only one responsible.
- I understand that I will have to pay a replacement cost (approx \$1,200.00) for the electric pump it is returned damaged or not returned for any reason.
- I understand and agree to pay \$25.00 per month to rent a Lactina Pump and I will purchase the Individual Lactina Hygiene Kit for \$30.00.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State, Zip code*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Work Phone*

Pump Serial # \_\_\_\_\_ Vehicle Adaptor Included: Yes No

Paid by: Check # \_\_\_\_\_ Cash \_\_\_\_\_  
(*\$25.00/month for pump rental*) (*\$30.00 onetime fee for hygiene kit*)

\_\_\_\_\_  
*Signature of RCPHD Staff Member distributing the pump*

\_\_\_\_\_  
*Date*

\*\*\*\*\*  
Date Pump Returned \_\_\_\_\_

Signature of RCPHD Staff Receiving the returned pump: \_\_\_\_\_