**NL CFP Equipment Lending Form**

**Educational Event Details:**

(Provide a description of the intended use of the equipment, including the people/groups who will be using it, length of requested lending period, etc.)

**Equipment Requested:**

* Delivery Models (6 available: includes 6 pre-term babies, 6 full-term babies, 6 pelvises)
  + Number requested: \_\_\_
* IUD Insertion Pelvises (4 available)
  + Number requested: \_\_\_
* \*Knee Joint Injection Models (2 available)
  + Number requested: \_\_\_
* \*Shoulder Joint Injection Model (1 available)
* \*Phlebotomy and Venipuncture Models (2 available)
  + Number requested: \_\_\_

\* Use of these models results in wear and tear of the equipment. To provide regular upkeep, a fee of $20 per model borrowed may be required.

**Most Responsible User:**

(The individual who will be accepting responsibility for the use and care of the equipment)

Name:

**Lending Agreement:**

(To be completed by the Most Responsible User.)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the following terms and conditions:

1. I agree to treat the requested NLCFP medical education equipment with care.
2. I agree that I will reimburse the NLCFP for the upkeep fees associated with the requested equipment (if applicable).
3. I agree that I am personally liable for any repair/replacement costs associated with damage, loss or theft of the requested equipment.
4. I agree to return the requested equipment to the NLCFP office promptly.
5. I agree to all other conditions outlined in the NLCFP Equipment Lending Policy.

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Signature Date

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Signature Approval - NL CFPC Administrator Date