

West Virginia WIC Program Electric Breastpump Loan Agreement

I _____ have been loaned the
Participant Name **WIC ID Number**

_____ breastpump _____ from the _____ WIC Program
Type of pump **Serial Number** **Local Agency**

Date of Loan _____ Breastpump to be **Returned Date** _____

- I agree to protect, care for and keep the breastpump clean.
- I agree to use the breastpump and **return it** to the WIC clinic for others to use.
- The breastpump is for my use only.
- I will return the breastpump to the WIC clinic by the above date, **unless** other arrangements have been made with WIC staff.
- I have been shown how to use and clean the breastpump and can use it with no assistance.
- I agree that the breastpump is in good working condition.
- I agree not to bring any claim against the West Virginia WIC Program, or any official or employee connected with the WIC Program, for any damages or expenses arising from use of the breastpump.
- **I agree to contact the WIC clinic if my address and/or phone number changes.**
- I understand that this breastpump is the property of the State of West Virginia WIC Program, and as State property it will be reported as stolen if not returned to the WIC clinic by agreed date. A Collection Agency may assist with the retrieval of the breastpump.
- I agree to pay for the replacement cost of this breastpump if it is not returned to the WIC clinic.

WIC Participant Signature: _____ Driver's Lic. # _____

Address: _____

Directions to above address: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Alternate contact person/relationship: _____ Phone Number: _____

Alternate contact person/relationship: _____ Phone Number: _____

WIC Staff Signature: _____

Date Returned: _____ **Signature of Returnee** _____

