

## BREASTFEEDING EQUIPMENT USER'S AGREEMENT

I understand that I am being provided with a *[type of pump, multi-user serial number]* because:  
*[reason, note]*.

The proper use and cleaning of the above breastpump has been explained to me and I fully understand the instructions. The proper usage and storage of pumped breastmilk has also been explained to me and I have been given written guidelines to follow. WIC staff has shown me how to set up and clean the pump.

I understand and agree that this service is provided by *[name of clinic issuing pump]* to promote and support breastfeeding and that this WIC agency is not a dealer in this type of product.

I understand this local WIC Clinic will be contacting me on a regular basis regarding use of this pump. I understand it is my responsibility to return clinic phone calls and update the clinic regarding the use of this pump. If regular phone contact is not maintained, the agency may request the pump be returned. Failure to return the pump within 60 days of a return request may result in recovery of costs.

If I have received a multi-user electric breastpump, I understand that I must return the pump in clean and good condition and undamaged to the WIC clinic by the agreed to Return By Date of, *[Return By Date]* or within 7 working days after I am notified that I must return the pump. I shall return the multi-user electric pump when one of the following conditions is met.

- 1) There is no continued need for the pump as determined by myself or a staff member.
- 2) I stop breastfeeding my baby.
- 3) I stop participating in the *[name of clinic issuing pump]* WIC Program.
- 4) The WIC agency requests that I return the pump.
- 5) My certification as a WIC breastfeeding client is terminated.
- 6) I plan to transfer to another WIC Clinic (check with your local WIC clinic).

I understand that if I do not return the pump or return it damaged, I may be subject to a financial penalty equal to the value of the pump.

If I have received a single-user electric breastpump, I understand that this equipment is for my use only, is now my property, and shall not be loaned or sold to any other person.

I further agree not to bring any claim against the *[name of clinic issuing pump]* WIC Program, *[name of state program]*, or any official, employee, or agency connected with this program for any damages or expenses arising from the use of the above named breastfeeding equipment provided.

I have read the above before signing, understand the contents, and will receive a copy of this agreement.

Date: *[Breastpump issuance date]*

Client ID: *[Client ID]*

Client Name: *[Client Name]*

Client Telephone: *[Group Telephone #]*

Email Address: *[email address]*

Additional Client Work or Cell Phone Numbers: *[additional client work or cell phone number field]*

Relative/ Friend Name and Phone Number: *[Relative/Friend name and phone number]*

Client Signature: \_\_\_\_\_

Name of Clinic: *[Name of clinic issuing pump]*

Staff Issuer Name: *[Staff person name]*

Clinic Address: *[Clinic Street Address]*

Clinic Phone Number: *[Clinic Phone #, WIC Check Type]*