Good Fellowship Training Institute AHA CPR
Equipment and Supply Rental Agreement Form

Name:			Last Four of SSN #:	

Street Address:				

City:		State:		Zip:	

Telephone:	Work		Home	

Name as it appears on Credit Card: **CSV:**

Type:		Number:		Exp Date:	

Pickup:	Date		Time	
Return:	Date		Time	

Rental Equipment / Supplies:

Item	Per Day Rental	Quantity	Total Cost	Return Date/Time	Received by (initials)
Adult Manikin	$10				
Child Manikin	$10				
Infant Manikin	$10				
AED Trainer	$10				
Bag/Valve/Mask (BVM set)	$5				
Healthcare Provider DVD	$10				
Heartsaver AED DVD	$10				
Heartsaver CPR DVD	$10				
Family and Friends DVD	$10				
Heartsaver First Aid DVD	$10				
Heartsaver Pediatric First Aid DVD	$10				
Face Shield (disposable) **Purchase ONLY**	$.50 each				
Little Anne (4) Pack	$30				
Little Junior (4) Pack	$30				
Little Infant (4) Pack	$30				
	Amount Due				

It is the responsibility of the renter to clean each manikin according to the AHA Decontamination procedure and the manufacturer guidelines (included in each manikin rental bag) and return the rental items in proper working condition.   The renter will be charged for any repairs that may be needed if equipment is not returned in proper working condition.   The renter will be charged for full replacement cost of equipment item(s) due to loss or destruction regardless of cause.

Note: A $20 late fee will be assessed per day to each item rented beginning one hour past the above documented return time.

SIGN-OUT:

I have read the Equipment Rental and Decontamination Policies and agree to follow them.   I understand that failure to meet all terms may result in termination of my manikin rental opportunities.

Renter' Signature: _____

Date/Time of Pickup: _____

RETURN:

I certify that I have performed decontamination procedures according to GFTI AHA guidelines and manufacturer instructions on the CPR equipment and supplies I am returning.

Renter Signature:	
Date/Time	

CHECK-IN at Good Fellowship Training Institute:

Date/Time of Actual Return:				
Received by (GFTI Representative):				
Additional Fees:	YES	No	Amount Due:	
	Payment Method:			