Mile-High RETAC
Stop the Bleed & Chest Compression CPR
Equipment Loan Agreement

This agreement is between ________________________________ (hereafter as Borrower) and the Mile-High RETAC (hereafter as Owner). This equipment was purchased by the MHRETAC through an NCR HPP Grant award. Therefore, all equipment must be tracked and accounted for at all times. Any equipment loaned for community events must be returned to the MHRETAC when no longer in use. There is no time limit on when equipment must be returned as long as community events are still in process. Community event reports need to be submitted to the MHRETAC within one week of the event.

The Borrower agrees that it will return all equipment on the date agreed in this document.

The Borrower also agrees the equipment will be returned in the same condition in which it was received. The Borrower further agrees that if the equipment is damaged, the Borrower will replace said equipment with new like equipment.

The Owner agrees to loan cache equipment to various agencies to conduct stop the bleed and chest compression CPR training in local schools, events and communities. There is no charge for loaning this cache.

The Borrower agrees to provide a short event report of the use if this equipment including the total number of attendees and photos if possible, for posting on the MHRETAC website. The MHRETAC Stop the Bleed and Chest Compression CPR Training Community Event Report is attached.

The Owner is not liable for any injuries due to the use of the loaned equipment or event participation.
Borrower Contact: Print Name:___________________________________________

Signature: ____________________________________________________________

Agency: _____________________________________________________________

Cell Phone:___________________________________________________________

E-mail:_______________________________________________________________

Borrower’s Supervisor Contact: Print Name:________________________________

Signature: ____________________________________________________________

Agency: _____________________________________________________________

Cell Phone:___________________________________________________________

E-mail:_______________________________________________________________

Cache Location and Contact Person loaning the equipment: ____________________

_____________________________________________________________________

Loaned Equipment Return Plan as Follows:

Loaned Cache # __________

   1-5 Pack Adult Manikin Unit ______
   1-5-Pack Child Manikin Unit ______
   1-AED Trainer included in the stop the bleed suitcase_______
   1-Stop the Bleed Suitcase ______

Equipment to be returned on: ______________________________

Check out Date and Time: ______________________________

Return Date and Time: ______________________________

Borrower Signature___________________________________

Owner Signature ____________________________________