

5150 Sugarloaf Parkway
Lawrenceville, GA 30043
Phone 770.995.9697
Fax 770.995.7903

Equipment Rentals

Instructor Name: _____

Phone Number: _____

Pick Up Date: _____

Adult Manikins (Quantity) _____ \$5 Each

Child Manikins (Quantity) _____ \$5 Each

Infant Manikins (Quantity) _____ \$5 Each

Face Shields (12 for \$3) _____ or Box (50 for \$15) _____

AED Rental (Quantity) _____ \$15 Each

CPR Monitor (Quantity) _____ \$5 Each

DVD Rental (Quantity) _____ \$5 Each (Circle DVD want)

<BLS> <HS 1st Aid CPR AED>

With borrowing the above listed Equipment, I understand and agree I will return it in the same clean and working condition upon which I received the equipment. I agree to be responsible for the replacement cost of the equipment should it become lost or missing at \$300 per manikin, \$375 per AED and \$90 per DVD. I also agree to return the equipment by due date unless an extension is given; if the equipment is not returned by the specified date, I agree to pay a \$15.00 per day late fee. I am paying the assigned fee listed when receiving the loaned equipment, unless otherwise agreed.

Equipment Checkout

Total Amount Due: _____

Date Due for Return: _____

Instructor Signature: _____ **Date:** _____

Payment Method

___ Cash ___ Check # _____ Personal or Company (Note: A \$30 fee charged for returned checks or stop payments)

Credit Card # _____ Exp. date: _____ AmEx ___ MC ___ Visa ___ Dis ___

Print Name of Card Owner _____ Signature _____

Equipment Check-In

Instructor Signature: _____ **Date:** _____

GTC Staff use only

Payment taken by _____

Check-in by _____