



Southern Region EMS Council Anchorage, Alaska

Mission: Improve the quality, availability and sustainability of emergency patient care

AGREEMENT for RENTAL of TRAINING EQUIPMENT and/or CLASSROOM

This agreement is for the rental of professional EMS/CPR/First Aid Training Equipment and/or Classroom for the Training described below, made and entered into this ___ day of _____, 20___ by and between Southern Region EMS Council, Inc., the owner (hereafter referred to as the "owner") and _____, purchaser(s) (hereafter referred to as "renter").

NAME and/or ORGANIZATION of RENTER(S)

RENTERS ADDRESS:

TRAINING LOCATION:

PHONE#: _____

EMAIL: _____

TRAINING DATE: _____

PICK-UP DATE: _____

DUE BACK DATE: _____

The renter will make payment **BEFORE** or at **PICK-UP** of the Training Equipment and/or Classroom Occupation. **(CREDIT CARD ONLY)**. In the event of non-payment of **late fees**, which is a full day rental fee, the owner retains the right to attempt collection through the court system. The renter will be held responsible for all court fees, legal fees and collection costs Incurred by the owner. *There will be a **\$25.00** service fee for each collection notice that the owner sends to the renter due to non-payment.

In order to prevent liability, the renter will provide covering or protection from weather conditions such as rain, snow, excessive cold, excessive heat to the Training Equipment rented from Southern Region EMS Council, Inc.

If at any time damage, theft, loss occurs to any property pertaining to Southern Region EMS Council, Inc., because of negligent acts of renter, members, or its students; the renter, _____, will be held responsible to pay for the damages, loss or replacement of the Training Equipment and/or Classroom. **The Renter must notify Southern Region EMS Council, Inc. at the time of any occurrence.**

***SUBMIT COMPLETED DOCUMENT IN PERSON OR EMAIL TO RENTALS@SREMSC.ORG**

TOTAL PAYMENT for RENTAL of TRAINING EQUIPMENT and/or Classroom: \$ _____

This agreement is not binding until signed by the *renter* and signed by an agent of Southern Region EMS Council, Inc. Any changes must be in writing and signed by both the *renter* and *owner*.

SIGNATURE OF OWNER: _____

DATE: _____

SIGNATURE OF RENTER: _____

DATE: _____

EQUIPMENT RENTALS

Item	Daily Rate	Weekly Rate	Quantity Needed
<i>Airway</i>			
Peds Airway Head	\$15	\$50	
O2 Kits	\$10	\$25	
Advanced Airway Kit	\$10	\$35	
BVM Kit/ Barrier Kit	\$5	\$15	
Adult Intubation Head	\$15	\$50	
<i>I.V.</i>			
EZ I/O Kit	\$10	\$35	
IV Arm (Peds or Adult)	\$10	\$35	
<i>Manikins</i>			
4 Pack Infant Anne	\$10	\$30	
4 Pack Adult Anne	\$10	\$30	
4 Pack Junior Anne	\$10	\$30	
Single Junior	\$5	\$15	
Single Infant	\$5	\$15	
Single Adult	\$5	\$15	
CPR Prompt	\$10	\$20	
ACTAR 9-1-1	\$10	\$20	
<i>Monitors</i>			
AED Trainer	\$5	\$20	
Rhythm Generator	\$10	\$35	
<i>Specialty</i>			
Moulage Kit	\$10	\$25	
Vitals Kit	\$5	\$20	
KED	\$5	\$15	
ACLS Med Kit	\$10	\$25	
OB Kit	\$10	\$35	
Back Board (with straps)	\$5	\$10	
Traction Splints	\$5	\$15	
<i>DVDs</i>			
AHA BLS, ACLS, PALS	\$5	\$20	

CLASSROOM/CONFERENCE ROOM RESERVATION

Large Classroom, Full Day	\$100.00	_____
Large Classroom, Half Day	\$60.00	_____
Small Classroom, Full Day	\$60.00	_____
Small Classroom, Half Day	\$35.00	_____

Note: TVs/ projector, computer and internet access are Included in rental cost.
(Full day is defined as more than 4 hours; half day is defined as 4 hours or less)

SET-UP

Date/Time of use: _____

Number of people expected _____

Coffee/Tea Set-up (add \$25.00) _____

FOR SOUTHERN REGION EMS COUNCIL USE ONLY

NOTES: _____

