



1010 W Northern Lights Blvd, Anchorage, AK 99503
(907) 562-6449 FAX: (907) 562-9893 www.sremsc.org

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 on _____ 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 or ORGANIZATION of RENTER(S):

RENTERS ADDRESS:

TRAINING LOCATION:

PHONE #: _____

PICK-UP DATE: _____

EMAIL: _____

PICK-UP TIME: _____

TRAINING DATE: _____

RETURN DATE: _____

NUMBER OF STUDENTS: _____

RETURN TIME: _____

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.**

TOTAL PAYMENT DUE 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 (7 Days)	WEEKEND RATE (Friday-Monday)	QUANTITY NEEDED
AIRWAY				
Advanced Airway Kit	\$10	\$35	\$25	
I.V.				
IV Practice Arm - Adult	\$12.00	\$40.00	\$30.00	
MANIKINS				
Single Adult (Includes 1 BVM)	\$7.50	\$25.00	\$18.00	
4 Pack Adult (Includes 4 BVM)	\$15.00	\$50.00	\$35.00	
Single Infant (Includes 1 BVM)	\$6.00	\$20.00	\$15.00	
4 Pack Infant (Includes 4 BVM)	\$12.00	\$40.00	\$30.00	
Kyle CPR (Child)	\$8.00	\$30.00	\$20.00	
OB	\$25.00	\$100.00	\$60.00	
Airway Head - Child	\$15.00	\$50.00	\$35.00	
Airway Head - Pediatric	\$15.00	\$50.00	\$35.00	
Advanced Airway Intubation-Adult	\$15.00	\$50.00	\$35.00	
MONITORS				
AED Trainer - Prestan	\$5.00	\$25.00	\$12.00	
SPECIALITY				
ALS Med Kit	N/A	\$70.00	N/A	
First Aid Training Kit	N/A	\$20.00	N/A	
Kendrick Extrication Splint	\$2.00	\$25.00	\$12.00	
Sager Traction Splint	\$2.00	\$25.00	\$12.00	
Backboard – Adult (Includes C-Collar and Spider Straps)	\$5.00	\$25.00	\$12.00	

FOR SOUTHERN REGION EMS COUNCIL USE ONLY

NOTES: _____
