



## Birth Tub Rental Agreement

### Page 1/2

- ❖ I, \_\_\_\_\_, agree to pay Dr. Anna-Marie Simpson (Simpson Family Wellness: Chiropractic, PLLC) \$250.00 for the use of the Aqua Doula Birth Tub, plus a refundable deposit of \$50.00
- ❖ I agree to pay a deposit of \$50.00 upon signing this agreement as a deposit to reserve it for my birth. This deposit will be refunded upon the **return of the tub in its original condition. Failure to return the tub in the original condition we result in a non-refunded deposit.**
- ❖ I agree to pay the full amount of the rental by the time I pick up the tub.
- ❖ I agree that it is my responsibility to pick up the no sooner than 37 weeks and return it within 10 days of my baby's birth. Please contact Lee at 315-857-5557 to arrange for pickup/drop-off.
- ❖ I understand that I must return the tub and other equipment in the same condition I received it in. I agree to follow the directions included with the tub and if any damage is done to any part of the tub, I understand and agree that I will financially be responsible for replacing the damaged parts. The cost to replace the tub is \$1200.00
- ❖ In understand that I also will need to obtain a generic clear plastic liner for the tub. Dr. Anna-Marie Simpson can supply one for an additional \$30.00 charge if requested.
- ❖ I also understand and agree that I must return the tub and liner in clean condition. The outside of the tub and the blue liner must be thoroughly cleaned after use with a 10% bleach to 90% water solution and allowed to dry completely before rolling up. If the tub is returned smelling of smoke or any other foul order, you will be responsible for the cost of a professional cleaning of the unit.
- ❖ I also understand that I will be responsible for providing a new garden hose for filling and draining the tub, adapters for attaching to to the water source, and a large tarp to spread out underneath the birth tub to protect flooring and prevent damage from splashing and spillover of water.
- ❖ I will not hold Dr. Anna-Marie Simpson (Simpson Family Wellness: Chiropractic, PLLC) responsible for any damages to my property or for any injuries, mortality, or morbidity that may result from the use of the birth tub.



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### Page 2/2

*Please go through the following list and make sure these items are included with your kit. If anything is missing, please let us know so we can get the item for you. Upon return of the tub, we will use this list to make sure everything has been returned. **You do not need to return the clear plastic liner. Please dispose of this before the tub is returned.***

<u>Included at Pickup</u>		<u>Returned</u>
_____	Instruction Booklet	_____
_____	Carrying box or bag	_____
_____	Submersible Pump	_____
_____	Foam floor pad (with temp probe holes)	_____
_____	Foam top floating disk for Insulation	_____
_____	PVC tub walls (Aqua Wall with pull pin)	_____
_____	Heater & Temperature Control	_____
_____	Blue Aqua Liner	_____
_____	<b>Optional:</b> Clear Disposable Liner	_____

I have read and understand the above and agree to the rental of the tub on these terms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Deposit Returned: \_\_\_\_\_

Liner Fee Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Rental Fee Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Date Birth Tub & Kit Rented: \_\_\_\_\_

Date Birth Tub & Kit Returned: \_\_\_\_\_