



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

This agreement is between \_\_\_\_\_ (here after as Borrower) and the Mile-High RETAC (here after 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 \_\_\_\_\_