

Aero Methow Rescue Service AED Loan Agreement

Thank you for providing those attending your event with the safety and security of knowing an AED is on site.
Remember to call 911 IMMEDIATELY for any emergency.

Please make your request and meet all below conditions a minimum of 2 weeks prior to your event.

Date: _____ Event Date: _____ Pick up Date: _____ Return Date: _____

Organization/Event Name: _____

Address _____

City, State Zip _____

Phone _____

Email _____

There will be no direct cost for use of the AED as long as the following conditions are agreed to and met. .

- Agree to be responsible for any damage or loss to the unit while it is on loan (Replacement Value \$3000) _____ initial
- The AED is visible and readily accessible on site. _____ initial
- Insure that someone on site is trained in CPR & AED's use. _____ initial

*Person's name and contact info: _____

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*Proof of current CPR AED training must be provided prior to checking out the AED. (ie provide copy of card) If no proof available, CPR/AED training can be taken online through American Heart Association and a skills check completed by Aero Methow. This training must be completed prior to checking out the AED. There is a limited number of spots available to provide the training/skill checks at no cost. However, we will not be able to fund more than two individuals per group. Please contact Theresa Remsberg for more information. 997-4013 or tremberg@acromethow.org

- The AED is stored properly and securely _____ initial

(ie. AED is secured when premises are unoccupied. AED is stored in a manner that does not expose it to temperature extremes or inclement weather conditions. AED is stored in manner that keeps it from damage due to falls/drops.)

- The AED is returned to Aero Methow Rescue Service as noted below.

Date Received AED _____ Received by: _____

Date Returning AED _____ Returned to: _____

AMRS Office Only

Unit checked by _____
Unit OK _____ Date: _____
Batteries – Green check _____
PADS Exp. Date _____
Accessory Pouch _____
(Contents: razor, towel, gloves, face shield, scissors)

Unit checked by _____
Unit OK _____ Date: _____
Batteries – Green check _____
PADS Exp. Date _____
Accessory Pouch _____
(Contents: razor, towel, gloves, face shield, scissors)