

**Use of the [name of business] Lactation Space and/or**

**Breast Pump Liability Waiver**

***Please read and sign below***

**Use of [name of business] Lactation Space**

* I understand the terms for the use of the [name of business]’s Lactation space.
* I understand the terms for which I received access for entry into the lactation space. These include no longer accessing the space when I no longer need the space for lactation purposes/returning the key when I no longer need to use the space and paying a fee for duplication of the key should I lose it.
* I understand the [company/department/program,] is not responsible for any personal loss of items left in the space.

**Breast Pump Liability Waiver**

* The use of the pump has been explained to me and I fully understand how to use it.
* I understand the [name of business] is **NOT** responsible for any personal damage caused by the use of this breast pump or caused by information and instruction provided by staff.
* I understand that this pump is the property of the [name of business] and must be kept in the pump cabinet/lactation space when not in use.
* I will contact the [name of person overseeing lactation space: e.g., Lactation Program Coordinator, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_], if I no longer need to use the pump. (name)
* I will be responsible with this pump and keep the pump in clean condition.
* I will report any loss, theft, breakage, or damage to the [name of person overseeing lactation space: e.g., Lactation Coordinator] immediately.
* If the breast pump is damaged, destroyed, or removed due to my negligence, I will be responsible for the cost of repair or replacement.

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Employee name Work phone number Date

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Employee signature Email address

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Signature of Lactation Coordinator Work Phone number Date

