

**Alaska WIC Breast Pump Loan & Release Agreement**  
**WIC Clinic \_\_\_\_\_**

The WIC Program is extremely pleased with your decision to provide your infant with breast milk. In order to borrow a pump or be issued a single-user pump, you must agree to abide by this Loan and Release Form Agreement.

**WIC Participant Information**

Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Infant's DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address \_\_\_\_\_  
*Last First*

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Additional Contact Person's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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**Breast Pump Issued**                      **Pump Serial Number**    **OR**    **State Tag Number**  
 **Electric Breast Pump**                      \_\_\_\_\_                      \_\_\_\_\_  
 **Pump In Style**                                      \_\_\_\_\_                      \_\_\_\_\_

**Reason for Issuance:**     **Back to Work/School**     **Increase Milk Supply**     **NICU**     **Other**

**Check as appropriate:**

- For Single User Electric Pumps Only:** I understand that I will be issued only **one** single-user electric pump while on the Alaska WIC Program. I understand that I should not loan out or sell this pump.
- I have received and understand instructions for operating this breast pump including how to properly close the case. I am able to operate this breast pump without assistance.
- I have inspected this breast pump and agree that it is in good condition.
- I have received and understand instructions for cleaning this breast pump.
- I agree to follow the instructions for operating and cleaning this breast pump.
- I understand that the WIC Program, or its representatives, cannot be held responsible for any personal damage caused by the use of this breast pump. I release the WIC Program from any liability regarding my use of this breast pump.
- I understand this breast pump is a loan from the WIC Program, and that it is loaned to me on a priority basis. I may be required to return it for use by a higher priority WIC participant. I agree to return the breast pump on (date) \_\_\_\_\_ *or sooner, if requested or if I am not using it on a daily basis.*
- I understand that I must return the breast pump undamaged and clean or be subject to a financial penalty of \$565.00. If I don't return the loaned electric breast pump, the state may use other types of legal options to collect payment, including small claims court, which could result in **Permanent Fund Dividend (PFD) garnishment**.
- I understand that this breast pump must not be removed from the local area without special permission.

**Our supplies are limited so please return the breast pump, when you no longer need it. THANK YOU.**  
*The WIC Program reserves the right to schedule monthly appointments, call you to check on the pump and may issue vouchers on a monthly basis while the pump is on loan.*

\_\_\_\_\_  
WIC Participant Signature                      Date  
Breast pump Returned Date \_\_\_\_\_

\_\_\_\_\_  
WIC Representative Signature                      Date