



208/969-9957

www.keyestosafetyllc.com

1350 Filer Ave E. Twin Falls, ID 83301

Rental Agreement

Instructor: _____

Address & Phone: _____

Email: _____

Adult Manikin @ \$5.00 each	= _____
Infant Manikin @ \$5.00 each	= _____
Set of both @ \$8.00 each	= _____
BVM's @ \$5.00 each	= _____
AED Trainer @ \$25.00 each	= _____
DVD Rental @ \$10.00 each	= _____
First Aid training kit @ \$5.00 each	= _____

**Cards To Be Processed By KTS \$7.00 each for *Pick-up* when available,
 \$8.25 each for *KTS Staff to Process and mail to students* = _____**
(due when roster is turned in, if affiliated w/KTS as a training site)

Total Amount Due = \$ _____

Equipment to be picked up on: _____

Equipment is due back on: _____

Rental period is for 36 hours unless specifically noted otherwise, any equipment more than 2 hours late will incur a \$25.00 late fee due upon arrival.

If you have any questions, or problems with equipment, please contact our office at 208/969-9957

Any equipment destroyed or damaged during the rental period is the responsibility of the individual renting the equipment. This is a binding legal agreement any an destruction, failure to return or comply with terms will be collected by any means necessary along with the necessary fees acquired by the process.

I _____ agree to the above terms of the above Rental Agreement

Signature: _____ Date: _____

Returned: _____

Processed By: _____ *(KTS Staff)*

Damage Yes or No	Description: _____
_____	_____

Cards To Be Processed: # _____ **Roster Submitted:** ____/____/____

Paid For: Yes or No _____ **Cards Received By KTS:** ____/____/____

Instructor Notified: ____/____/____ **Cards Picked Up or Mailed:** ____/____/____