BRAVE MINDS
psychological services

Equipment Loan Agreement

I hereby agree to the following terms and conditions when borrowing **Remote Tactile Buzzers** from Brave Minds Psychological Services LLC. This agreement is valid for the duration of therapy services at Brave Minds Psychological Services and until all equipment is returned.

Initial Equipment Condition:

- The equipment has been tested prior to loan and has been verified to be functioning properly.

Returns:

- I agree to return the equipment within 7 days of
  - My final EMDR therapy session
  - Upon demand from Brave Minds staff
  - 6 months from receipt of equipment
- My deposit may be forfeited if the device falls more than 7 days overdue
- After 6 months, I will have the option to return or purchase the equipment for a total of $137 (minus any deposit).

Fees:

- I agree to the deposit charge of $60 that will be refunded to me upon return of this equipment provided the equipment is functional and in working condition upon return.
- I agree to pay the full cost of this equipment $137 (minus the deposit) if it is not returned or is returned damaged.
- There is no shipping fee for returning the device. You will be provided a paid label to return the equipment.

Damages:

- I am responsible for reporting any damages or equipment malfunctions immediately.
- I am responsible for all damages due to accident, neglect, abuse, or loss once this item has been received. In the event of damage or loss, full replacement value and/ or all costs associated with repair or replacement of the equipment loaned will be deducted from my deposit and/or charged to my account.

I understand the above and will accept any charges incurred.

I certify that I have read and accept my responsibility related to the loan of this equipment. I agree to adhere to the guidelines and policies. I understand that I personally am responsible for this equipment and may not loan it to a third party. I assume responsibility for all risk of loss or damage to the equipment.

_____	_____	_____
Client Name	Client Date of Birth	Guardian Name
_____	_____	
Phone Number	Address	
_____	_____	
Client/Guardian Signature	Date	