****

**1461 Brookhaven Dr.**

**Rockingham, VA 22801**

**540-437-9850**

midwives@brookhavenbirth.com

**Gentle Birth Pool Rental Agreement**

**Cost of Gentle Birth Pool Rental: $250.00**

***$150 for Brookhaven families***

A *non-refundable* ***$50*** *deposit*, which applies to the rental fee, is due along with this agreement. The remaining balance is due no later than the beginning of the 36th week of pregnancy. If this agreement is received after the beginning of the 36th week, the entire balance will be due. Kit should be obtained no later than the beginning of the 38th week of pregnancy. Please call if other arrangements are necessary.

**Please read the following information carefully. Fill-in, sign, date and mail the form on the last page of this contract along with the deposit check made out to *Brookhaven Birth Center* to the address above.**

Brookhaven agrees to provide a clean and inspected portable Birth Pool Kit. If, for any reason, a part of the Birth Pool Kit is not working properly, it will be replaced ASAP at no charge to the client. Therefore, it is encouraged that the client unpacks and inspects the contents of the Birth Pool Kit upon receipt**. A trial run is recommended before the actual use. The Pool Kit comes with an instructional DVD which should answer most questions regarding the pool.** If you have any further questions regarding the set-up or use of the pool we are available during business hours at the number above or for pool emergencies by cell phone: 540-579-2229 or 540-830-4462. Pools should be picked up and rented no less than two weeks prior to the estimated due date. The rental period is over when the baby is born. Please call Brookhaven and let us know within 24 hours of the birth of your baby. **We require the birth pool to be cleaned and ready for return when the midwife on call comes to your home for your two day postpartum visit. Non-Brookhaven families should return the pool within 2 days as well. If we do not receive the Kit back within the specified time you may be billed at $45.00 a week.** We understand about special circumstances, but please let us know what they are as soon as you can!

**PLEASE CONTACT US WITHIN 24 HOURS OF THE BIRTH OF YOUR BABY.**

** There will be no reduction in fees if the pool is used and returned within a short amount of time.**

** Birth Pool Kit is limited to indoor use only. (Talk with us about special circumstances)**

** Refunds will not be issued for any circumstances beyond our control that lead to the pool not being used for the birth (i.e.: complications of pregnancy, birth went too quickly, hospital did not allow use of the pool etc.)**

Brookhaven Birth Pool Rental persons, and/or any agent thereof, its members, employees, representatives, and associates, as well as any pool or equipment manufacturer is hereby released and held harmless from any and all responsibility or liability for complications, both maternal and infant, including mortality, morbidity, injury or physical property damage in connection with the use of portable Birth Pool Kit before, during, and/or after labor/ birth. **Client agrees to pay the replacement cost of any part or equipment, which is directly damaged by misuse or negligent handling while in their possession.** This could result from incorrectly installing the heat pump; puncturing, melting, or ripping the pool’s permanent liner; and dropping or cracking the drain pump. Other examples are: pets could mangle floor pads, children could puncture liners, the heater could be left on in an empty pool…all of these things could be costly so please monitor use!

The replacement cost of any damaged equipment or necessary additional cleaning of the Birth Pool Kit will be billed to you. You will be advised of this charge and an invoice itemizing these charges will be mailed to you.

 Please note that replacement cost also applies to any equipment that is not returned.

**Replacement Part Costs:**

Frame……………………..$345 Hinge Pin………………….$45

Vinyl Liner…………………$220 Foam…..…………$45(each)

Pool Cover……….………$65 Heater….………$135(each)

Drain Pump………………$125 Faucet Adapter.……..$19

Water Hose……………...$27\*\* Disposable Liner….….$30\*

Instructional DVD………$25 Floor Pad……….…………$65

**The white hose provided is water potable and should be used for FILLING the pool only. YOU MUST USE YOUR OWN HOSE FOR DRAINING THE POOL. This is for sanitation and safety purposes!**

You may add your baby's name and stats to the blue liner of the pool (please keep it at the average size of the past entries).

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date:\_\_\_\_\_\_\_\_\_

Midwife or Doctor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/we agree to the stipulations of this agreement.**

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­ \_\_\_\_\_\_\_\_

**Thank you for your rental. May you have a blessed & sacred birth experience!**

Deposit Paid Check # \_\_\_\_\_\_\_\_\_\_\_\_

Balance Paid Check # \_\_\_\_\_\_\_\_\_\_\_\_

Return Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_