



DIRECTED WELLNESS CENTER
Equipment Rental Agreement:
BEMER Medical Device (IBD No: US41293)

This contract is between (Lender): Directed Wellness Center/Brenda VanFleet BSN, RN, BCN, CNT of Independence, MO

And (Borrower): _____

(Borrower address): _____

(Borrower email) _____ Phone: _____

Purpose: This rental is to provide the borrower with an opportunity to use the DWC BEMER device in the privacy of their own home to provide session to him/herself, family and friends. The renter may share the costs and use of this equipment with another, but the person signing this form accepts full responsibility for the safety and return of the equipment.

Duration: This loan is for a period of ____ days, ____ weeks, or ____ months. From _____ to _____
 However, the lender reserves the right to request return of the equipment at any time. In such an event, the borrower will be refunded the unused number of days. If the borrower wishes to return the equipment prior to completion of the contract there will be no refund for unused time.

Cost: _____ per week, paid in full prior to rental of equipment.

Shipping (if applicable): Shipping is via (shipper) _____. Client covers these costs.

If borrower returns the system after the due date, the lender can, at its discretion, charge a rate of \$50 per day rental for time overdue. Failure to return the equipment within 15 days following the termination of this contract will result in the borrower's credit card being charged \$6500.00 or the current cost of a new BEMER system, from shop.bemergroup.com. At this point the borrower becomes a full legal owner of the license and equipment with all responsibilities.

Limitations: All clients to use the BEMER device must complete and sign a BEMER Disclaimer to be given to lender at return of equipment. The borrower may not generate income as a result of providing sessions with this equipment. Borrower agrees not to advertise, publicize, or to promote publicly in any way, BEMER sessions .

Care of Equipment: The equipment listed below is being rented out by the lender and remains the sole property of the lender, Directed Wellness Center. No settings should be altered on this device without the written permission of the owner. In the event of damage, theft or loss, the lender will be notified immediately. Compensation for lost, damaged or stolen equipment is the sole responsibility of the borrower.

Lender agrees to all terms of this contract.

SIGNATURE OF LENDER: _____ **US41293** **Date** _____

SIGNATURE OF BORROWER: _____ **Date** _____

I agree to the terms and conditions set forth above, and my credit card being charged according to the said terms, should that be necessary.

Credit Card: _____ Number _____ Expiry _____

Signature: _____ Date _____

NAME IN CAPS _____

Driving License Number: _____ State: _____

Address on Drivers License (if different from above): _____

Lender Signature: _____ Date _____

Returned Signature Borrower _____ Date _____

Return Signature Lender _____ **US41293** **Date** _____