



JAMII BIRTH & Wellness Services

2117 Smith Ave, Suite F * Chesapeake, VA 23320
P: 833-JAMII4U (526-4448) F: (757) 859-0007

Birthing Pool Rental Agreement

I _____ agree that the birthing pool will only be used while a midwife is in attendance or on the way to attend my birth. I understand that the rental of the assigned birthing pool is specifically limited to indoor use and I _____ take full responsibility for the manner in and purpose for which said birthing pool is used. I agree to pay for the replacement of the birthing pool and all its parts, including the pumps, in the event it is punctured, ripped, mildewed, melted, or in any way damaged while in my possession. I will be returning the birthing pool to Jamii birth and wellness services LLC undamaged and thoroughly cleaned following its use, as outlined in the information included with the pool. I agree to return the birthing pool no later than a week after my birth and that it is my responsibility to pick up and return the birthing pool. I agree to pay Jamii birth and wellness services LLC \$150.00 that is required to reserve and rent the birthing pool. I understand that if damage has been done to the birthing pool I will be responsible for an additional damage cost of \$100.00. I understand that if the pool is not cleaned, is returned late, or is not placed back in its carrying case properly, there will be a \$30.00 service fee that will be required upon returning the birthing pool. In the case that the birthing pool has been damaged and returned uncleaned, is returned late, or is not placed back in its carrying case properly then I will owe the \$30.00 service fee and the damage cost of \$100.00 which would total \$130.00.

I have read, understand and agree to all the terms that have been outlined above and with my printed name and signature I agree to this legally binding contract and the dates listed below .

Printed Full Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (____) _____ - _____

Email: _____

Expected Due Date: ____ / ____ / ____

I agree and understand that a payment of \$150.00 is due upon the signing of this contract.

Signature: _____ Date: ____ / ____ / ____

Office Use Only:

Pick up Date: ____ / ____ / ____ **Drop off Date:** ____ / ____ / ____

Admin Signature of completion : _____