Runner's Sole "Air Relax" Rental Form

Name:	Phone Number:
EMAIL:	Address:

Waiver of Liability:

Do not use this product or proceed further with the rental process if you have any of the following conditions:

• Acute pulmonary edema	• Acute infections	• Acute thrombophlebitis
• Episodes of pulmonary embolism		• Deep vein thrombosis
• Where increased venous and lymphatic return is undesirable lesions or tumors, at or in the vicinity of application.		
• Bone fractures or dislocation at or in the vicinity of treatment application		• Do not use on patients having open wounds or inflammation at the site of treatment.

I, ______________________________, assume all risks associated with the use of the Air Relax Leg Recovery System here after referred to as the A.R.L.R.S. This includes but is not limited to pain or injury suffered while using the Air Relax Leg Recovery System. I also acknowledge the below:

- I will consult the accompanying user's manual before using the A.R.L.R.S.
- I will consult a physician before using if pregnant, feel weak / If I have an implant near site application / If I have a cardiac pacemaker.
- I will stop using the device if it malfunctions or if I experience abnormal physical conditions.
- I will wear full-length tight pants while using the A.R.L.R.S and I will not use the A.R.L.R.S while dirty or sweaty.
- I will properly and gently clean the device with a dry towel or cloth after using and before returning the device.
- I will repack and return the A.R.L.R.S. in the same condition I received and unpacked it.
- I assume all financial responsibility for the replacement of the A.R.L.R.S., in part or in its entirety, should it be lost or damaged while in my possession.

Signature: ______________________________ Date: ______________________

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> THIS SECTION FOR STAFF USE ONLY<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

Rental Details:

Rental Length (circle): Three days One week Rental Price (circle): $25 $50

Rental Out Date: _______________ Agreed Return Date: _______________

Returned on time: Y / N Damage check: _______________ Staff Initials: ________

We require photo ID and a valid credit card (Visa or Mastercard only) for all rentals.

I, ______________________________, agree that if the A.R.L.R.S. is not returned at the agreed upon return date, for every day the A.R.L.R.S. is late, my credit card will be charged $25 (**Initials:**________) I also understand my credit card will be charged for the TOTAL RETAIL VALUE ($700) of the A.R.L.R.S. if not returned within a week of the agreed upon return date (**Initials:**________).

Credit Card #: ______________________ Exp: ________________

Signature: _________________________ Date: _______________