

Infant and Toddler Connection of Fairfax/Falls Church
Technology Loan Closet
Equipment Loan Contract

Child's Name _____

Date of Birth _____ Home phone _____

Parent's Name _____

Address _____

Program (circle one) CCI DDC Rehab T4Kids

Equipment Item code _____

Description and condition _____

I agree that the equipment I am borrowing from the TLC (technology loan closet) is in the condition described above. I will not hold Fairfax County nor its employees responsible for any injuries that may occur while this equipment is in my possession. I will try to keep it in good, clean condition, allowing for normal wear and tear. I agree to return the equipment as noted below: (check one or describe other)

_____one month _____three months OR

specify terms _____

Parent/Guardian signature _____ Date _____

Inverventionist or Service Coordinator _____

Phone number _____