



* FOR HOSPITAL USE

THE ORCHID NEST

Tub Rental Agreement

Reservation confirmed for: _____

Client Telephone: _____ or _____

Email: _____

Address: _____ Est. Due Date: _____

OB/Midwife: _____

Reservation

1. Tub reservation is confirmed only upon receipt of a \$100 non-refundable deposit from client.
2. Upon reserving the tub, a credit card number will be taken for our records, and will be charged upon confirmation the tub has been used, and/or in the event of damage or theft.

Full Service Set-up, Breakdown and personal tub supplies- \$350

1. Please notify staff upon the start of labor, this will ensure we are available and ready when you arrive at the hospital.
2. Hospital policy does not allow us to set-up the tubs until the client has been fully admitted. Upon admittance into the hospital, call The Orchid Nest and advise that you are ready for the tub. We will arrive within 30-60 minutes to set-up your tub.
3. When tub is no longer being used, promptly call The Orchid Nest to have the tub cleaned and broken-down by a staff member.
4. Your card will be charged the remaining balance after the tub has been used.

Items to be received by client per rental agreement:

1. birth pool
2. disposable liner (single use for each client)
3. garden hose (new)
4. 5 gallon bucket (new)

We wish you a warm and comfortable birth:

I understand the terms, conditions and guidelines as stated above, and have read and understand the Standard Warning and Safeguards on the following page. I understand that in the event that I am unable to use the tub after making the reservation, the deposit of \$100 is non-refundable. If there is damage to the tub during the rental period, I understand that I am responsible for payment of the full cost of damage repair, part replacement, or cleaning. My credit card on file will be charged for such cost.

Agreed to by: _____ (client) Date: _____

Confirmed by: _____ (staff) Date: _____

PAYMENT INFORMATION:

Credit Card Number: _____ exp: _____ code: _____

Name on Card: _____

Address associated with credit card:

Total amount to be charged: \$350.00

Signature Authorizing Charge: _____

Standard Warning and Safeguards for the safe operation of the Birth Pool

CAUTION: Pregnant women and persons suffering from heart disease, diabetes, high or low blood pressure should not enter the Birth Pool without permission from their doctor or midwife.

CAUTION: Do not use the Birth Pool while under the influence of alcohol, anticoagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, narcotics or tranquilizers.

CAUTION: Check the Birth Pool water temperature before use. Maximum water temperature should be established by a medical practitioner, not to exceed 99°.

CAUTION: Keep electrical appliances a minimum of ten (10) feet away from the filled birth pool.

CAUTION: To avoid risk of fire, shock, damage to equipment, or personal injury, install properly and follow all instructions.

CAUTION: Do not use alone.

CAUTION: Enter and exit slowly.

CAUTION: Keep all sharp objects away from Birth Pool

CAUTION: YOU CAN ACCIDENTALLY DROWN WHILE USING THE BIRTH POOL.

CAUTION: CHILDREN MUST BE SUPERVISED AT ALL TIMES WITHIN TWENTY (20) FEET OF THE BIRTH POOL.

CAUTION: PROPER USE OF THE BIRTH POOL MAY RESULT IN BLISSFUL FEELINGS OF COMFORT & RELAXATION CULMINATING IN AN INSPIRING BIRTH!

_____ (client initial)