



Equipment Rental Request Form

Name of Renter:		
*Member: ☐	**Non-Member: ☐	***Business: ☐
Address:		
City:		PCode:
Phone:	Email:	
Event Name/Type:		
Start Date/Date Requested:		
End Date/Date Returned:		

The Renter agrees to pay the rate as described, plus the cost of repair if damaged, and the replacement cost if lost or stolen. The cost of all medical supplies used will be added to final invoice.

Signature of Renter:
Date Signed:
Signature of SMSCS:

Please check the appropriate box(s) for your rental request. Costs are for weekly

rental. (*Members/consultants utilizing equipment for events not requested/invoiced through the SMSCS; ** Non-SMSCS members/consultants (including PSO's) utilizing equipment for sport/recreation events not requested/invoiced through the SMSCS; *** 'For-profit' institutions (including physio clinics). Please note that restrictions may apply dependent upon user)

Item Name	Member*	Non-Member**	Private Clinic/Business***
Trainer's Kit	\$10 ☐	\$20 ☐	\$30 ☐
Spine Board (with head mobilizers)	\$10 ☐	\$20 ☐	\$30 ☐
B Splint Kit	\$15 ☐	\$25 ☐	\$35 ☐
Physician's Med Kit	\$20 ☐	\$40 ☐	\$60 ☐
Muscle Stim Unit	\$30 ☐	\$50 ☐	\$70 ☐
Tens Unit	\$30 ☐	\$50 ☐	\$70 ☐
Ultrasound	\$50 ☐	\$75 ☐	\$100 ☐
Interferential/Ultrasound/Muscle Stim Unit	\$100 ☐	\$150 ☐	\$200 ☐
Metal Scoop Stretcher	\$10 ☐	\$20 ☐	\$30 ☐
FMS Testing Unit	\$25 ☐	\$30 ☐	\$35 ☐
Vertec Jump Stand	\$20 ☐	\$25 ☐	\$30 ☐
Sit & Reach Tester	\$10 ☐	\$15 ☐	\$20 ☐
AED	\$20 ☐	\$40 ☐	\$60 ☐