



Pump Supply Release of Liability Form (continued)

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Remote service:** Participant has provided verbal consent for WIC staff to sign on their behalf by checking this box in place of participant's signature.

Participant contact info (mailing address/cell, home, work phone numbers):

Alternate contact (who we contact if you can't be reached, name/phone/address):

Tell WIC staff if your address or phone number changes.

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