

## Pump Supply Release of Liability Form

**Equipment given:** ☐ Manual pump ☐ Personal use pump ☐ Multi-user pump  
☐ Pump attachment kit ☐ Pump supplies & pump aids

**WIC staff to complete this section.** Staff name: \_\_\_\_\_

Yes	No	Information offered to the client about how to:
		Use the pump
		Clean the pump
		Ensure proper flange (pump issuance only)
		Hand express human milk
		Maintain milk supply
		Safely store human milk
		Get help with pumping and lactation

Yes	No	Information offered to the client about how to:
		Use the pump
		Clean the pump
		Ensure proper flange (pump issuance only)
		Hand express human milk
		Maintain milk supply
		Safely store human milk
		Get help with pumping and lactation

Participant name: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Pump serial number:  
# \_\_\_\_\_

Multi-user pump return date: \_\_\_\_\_

**Participant or staff to complete this section.**

- **In-person:** Participant acknowledges each line item. Mark (X) for "yes or reviewed".
- **Remote service:** WIC staff to review with participant. Mark (X) for "yes or reviewed".

	I have been provided with the information staff marked above.
	I fully understand how to use the pump and supplies.
	I understand this pump is for my use only. It's against WIC rules to give this pump away or sell it, including posting for sale on social media and any other platforms.
	I will be contacted <b>within 2 business days</b> (except weekends and holidays) about the use of the pump and to address any questions or concerns.
	<b>I understand the WIC office will contact me by this date:</b> _____ using the contact information listed at the bottom of this form. <b>Staff acknowledge review of this date by initialing here:</b> _____
	I agree not to bring any financial or personal liability claim against the WA State WIC Program, its contractors or local agencies, or any official or employee connected with the WIC Program, for any damages, expenses, or personal harm from using this pump.
	(Multi-user pump only) I agree to return this pump in clean and working condition by this date: _____.
	(Multi-user pump only) I understand this pump is loaned to me. I could be asked to return the pump if I no longer need the pump, or a better alternative is available.
	(Multi-user pump only) I understand this pump is the property of the WA State WIC Program. If I don't return this pump or contact the WIC office in a reasonable time, I could be asked to pay the WIC program for the cost of the pump.
	I will contact WIC staff at _____ (phone number) if I have any questions or concerns about using the pump supply and/or lactation support.
	I fully understood this form and received a copy of it.

## 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.

**Staff:** Please confirm the participant's current address and phone number in Cascades. Then select a check box below and proceed to Alternate Contact.

- ☐ Participant's address and phone number have **not changed**.
- ☐ Participant had a change in address and/or phone number. Please update the participant's contact information in Cascades.

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

Other comments (optional):

Tell WIC staff if your address or phone number changes.

This institution is an equal opportunity provider. Washington WIC doesn't discriminate.  
To request this document in another format, call 1-800-841-1410. Deaf or hard of hearing customers,  
please call 711 (Washington Relay) or email [wic@doh.wa.gov](mailto:wic@doh.wa.gov).



DOH 961-1216 October 2024