

BioMat Loaner/Rental Agreement

Kim Fedderly (www.kimfedderly.com for more info)

Location: 244 Spokane Ave Ste 7 Whitefish, MT (Wellness Collective)

406-270-7957

This is a loaner BioMat, which is the personal property of Kim Fedderly & her husband who really enjoy using it on a daily basis! Please take wonderful care of it so it will last us a very long time!

Please Check off as you agree.

- When you return the BioMat – please let COOL completely before folding. Folding instructions are in the folder in the front pocket. Fold each end into the center, then fold at the center (kind of like an “W” folded inward with the crystal channels on the inside).
- Rental Fee: \$150/week or _____
- I agree to return the BioMat in ____ days/ ____ Date to Big Sky Compounding Pharmacy.
- I agree to pay for any damages or repairs needed due to mis-use or abuse.
- I release all liability from Kim Fedderly in the event of an adverse health event.
- I agree to read the contraindications inside the folder before use on higher heat levels. PLEASE do not sleep overnight on any temperature above the lowest 2 settings. High heat levels are best for intermittent use and can be incredibly detoxifying & dehydrating. Drink plenty of water before, during, and after use. Wear non-synthetic clothing & blankets (cotton, wool, silk, bamboo).
- PLEASE DO NOT LET YOUR DOG LAY ON IT!! It makes it smell like wet dog.
- If you wash the cover, use non-scented natural laundry detergent and no fabric softeners or return for Kim to wash.. Thank you scents are hard to get out of fabrics.

Professional BioMat Loaned to _____ on _____ (date)

Professional \$1,800 if not returned:

Mini \$900 if not returned:

Credit Card Information

V/MC/D/AM # _____ Exp: __/__/__ Code: _____ Billing Zip Code _____

Address _____

Telephone Number _____

- I agree to pay New Replacement Cost (cost + shipping replacement) if BioMat not returned or cost of repairs if needed. Your card will be charged the full amount if not returned within 3 business days of agreed return date.

Signature _____ Date _____