BioMat Loaner/Rental Agreement

Kim Fedderly (<u>www.kimfedderly.com</u> for more info)
Wellness Education Center
103 Ponderosa Ln
Kalispell, MT 59901
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!

	ase 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" fold with the crystal channels on the inside.
	Rental Fee: \$150/week or
	I agree to return the BioMat in days/ Date to the Wellness Education Center.
	I agree to pay for any damages or repairs needed due to mis-use or abuse.
	I release all liability from Kim Fedderly or the Wellness Education Center 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.
In ·	the event that we are closed when you return the BioMat- please leave it in the front inside porch in
the	e far cubby hole out of sight, or make private arrangements with Kim Fedderly.
Pro	ofessional BioMat Loaned to (date)
	
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Cro V/I Ac	1,755 Deposit (Cost + Shipping) if not returned: edit Card Information MC/D/AM # Exp: _/_ Code: Billing Zip Code Idress lephone Number I agree to pay \$1755 (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
Cro V/I Ac	1,755 Deposit (Cost + Shipping) if not returned: edit Card Information MC/D/AM # Exp: _/_ Code: Billing Zip Code Idress lephone Number I agree to pay \$1755 (cost + shipping replacement) if BioMat not returned or cost of repairs if
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