



Baby Cry Alarm

Borrowing Agreement

Name: _____

Postal Address: _____

Home Address: _____

Home TTY: _____

Mobile: _____

Email: _____

- I am profoundly deaf Yes No
- I live permanently in NSW Yes No
- I agree the Deaf Society gave me a Bellman Baby Cry Alarm Yes No
 - Flash Receiver: _____
 - Bed Shaker: _____
 - Transmitter: _____
- I understand that I can borrow the alarm for 6 months Yes No
- I understand that I must return the alarm complete (with the original boxes, packaging and instructions) and in good condition Yes No
- I have paid \$100 for the equipment - receipt number: _____ Yes No
- I understand that my \$50 security deposit will be returned to me when I return the alarm (if the alarm is not broken/damaged) Yes No
- I understand that if I break/damage the alarm the \$50 security deposit will be cancelled and I will be charged another \$100 Yes No
- I will tell the Deaf Society immediately if the alarm needs repair Yes No
- I will tell the Deaf Society if I change my address Yes No

Signature: _____

Date: _____ / _____ / _____