



## Infinite Therapy Solutions, LLP

*Inspiring Pediatric Achievements at Home*

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### Equipment Loan Agreement

I give permission to trial a \_\_\_\_\_ at the professional recommendation of my child's therapist, \_\_\_\_\_ for a period of \_\_\_\_\_ weeks. I understand that this equipment must be returned to Infinite Therapy Solutions at the end of the trial period. I also understand that this equipment is to be utilized only as directed by my child's therapist.

If I feel that this is equipment is having a positive impact, I can choose to purchase this piece of equipment at the end of the trial period.

Therapists Recommendations:

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Parent's Signature:

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

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