

Lactation Accommodation Program   
Room Usage and Program Participation Agreement

I, have received and reviewed the guidelines on the UCRLactation Program and have had an opportunity toask questions and have had all of them answered to my satisfaction.

I will begin using the Lactation Facility in: (*check one*)  Boyce Hall 2410 **|**  MRB 1106 **|**  Pierce Hall 2316   
**|**  Skye Hall 338 | ☐ Sproul Hall 2113 | ☐ Student Success Center 115

for an approximate period of months for the purpose of expressing my breast milk, beginning on or about the date of, .

1. I understand that I am responsible:
   1. to clean up any spills or other untidiness created during use of the room;
   2. for securing the room after each use;
   3. for a $10 replacement fee to replace any keys that are lost or misplaced;
   4. to use the room for lactation purposes only and that I will not enter the lactation room while it is occupied by another lactation program participant;
   5. for returning the key to Human Resources once I no longer have a need for a lactation facility.
2. I also understand that I will have access to and use of a:
   1. multi-user, hospital grade Medela breast pump
      * (a personal double pumping kit will be provided free of charge to each participant);
   2. refrigerator, which may be used for the storage of expressed breast milk. If I elect to use the refrigerator to store expressed breast milk, I:
      * will ensure it is labeled with my ***name, department, mobile phone number and the date the milk was expressed***;
      * accept the responsibility to remove all of my stored breast milk ***by the end of each day.*** Stored milk that has not been discarded accordingly may be disposed of by UCRstaff.
3. I agree that the storage and transport of my expressed breast milk is my own personal responsibility. UCRand its employees or contractors will not be held responsible for any adverse event allegedly attributable or related to breast milk stored in the UCRLactation Program room refrigerator.

The UCR Lactation program does not include containers or other accessories; therefore, it is my responsibility to furnish these items.

I understand that failure to comply with any of these provisions could be grounds for my termination from the program.

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| **Participant Name:** | |  | **UCR Lactation Room Coordinator** **Name**: | | |
|  | |  |  | | |
| *First Name* | *Last Name* |  | *First Name* | | *Last Name* |
| **Signature**: | |  | **Signature**: | | |
| **Date**: | | **Room Key #**: | | **Date**: | |
| **Primary Location**: | | **Room Key #**: | | **Date**: | |
| **Department**: | |  | |  | |
| **Email**: | |  | |  | |
| **Mobile Phone Number**: | |  | |  | |