

Home Birth Supplies Program (HBSP) Hospital Instrument Sets - Waiver Form

I, _____ (name of Care Provider), at _____ / _____
(Primary Hospital Site / Health Authority [HA]) acknowledge and agree to the following:

1. _____ (insert HA) has offered to provide me with certain home birth equipment (Hospital Instrument Sets), but I have declined such equipment and have elected to use my own equipment in my practice as a care provider for home births.
2. I am responsible for the reprocessing and sterilization of my equipment, at my own expense, in accordance with the provincial sterilization standards outlined in [Best Practice Guidelines for Cleaning, Disinfection, and Sterilization of Critical and Semi-critical Medical Devices in BC Health Authorities](#). I understand that _____ (insert HA) will not reprocess and sterilize non-HA equipment.
3. I assume all responsibility for ascertaining whether my equipment is fit for the use to which I intend to put it, and I am not relying on any representation or warranty by _____ (insert HA) in connection with the foregoing.
4. I hereby release _____ (insert HA), its directors, officers, employees, contractors, representatives and agents from any liability, loss, damage or claim that may arise as a result of the use of my own equipment.
5. If I decide at a later date to use the Hospital Instrument Sets provided by the HA, I will notify my primary site manager.

Signature of Care Provider: _____ Name (print): _____ Date signed (dd-mm-yyyy): _____	Signature of Witness (HBSP HA Lead or HBSP Site Lead): _____ Name of Witness (print): _____ Date Witnessed (dd-mm-yyyy): _____
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Original – HBSP HA or Site Lead
Copy – Care Provide