



# Blood Pressure Monitor Kit Policy

**Adopted:** March 20, 2025

**Revised:** January 15, 2026

## **Policy Statement:**

The Summit County Library is partnering with the Summit County Health Department to offer self-measured blood pressure monitoring kits in our Library of Things collection.

## **1. Checkout Procedures**

**1.1** Patrons must be at least 18 years of age or have written permission from a parent or guardian to borrow the Blood Pressure Monitor Kit.

**1.2** Patrons (parent or guardian if borrower is under 18) must sign a liability, assumption of risk and indemnity agreement, which also includes accepting financial responsibility for damage and/or loss of a Blood Pressure Monitor Kit and/or its components.

**1.3** Patrons must return the Blood Pressure Monitor Kit and all of its components in the provided case to the circulation desk and not into a book drop.

**1.4** The checkout period for the Blood Pressure Monitor Kit is 2 weeks. The Blood Pressure Monitor Kit may be renewed one time after the 2 week period.

## **2. Damage Items or Lost Parts**

**2.1** If a borrower damages or loses the Blood Pressure Monitor Kit, the borrower shall be required to pay the replacement cost of the items. Refer to the *Library Fees Schedule* for specific replacement costs.

**2.2** Failure to promptly return the kit or pay the required replacement costs may result in loss of kit borrowing privileges and/or referral of the matter to law enforcement for possible screening of criminal charges.

## **3. Patron Responsibility**

**3.1** The Library is not responsible for a borrower's activity while using the Blood Pressure Monitor Kit and any damage to personal property that may result from using the Blood Pressure Monitor Kit. Borrowers assume any and all risks of using a Blood Pressure Monitor.

**3.2** Instructions for how to use each item are located in the Blood Pressure Monitor Kit case. Library staff will not assist in using any items in the kit. The patron is responsible for doing so.

**3.3** Patrons agree that these items will be used for their intended purpose and maintain the device in the Blood Pressure Monitor Kit in a safe and proper manner.

**3.4** Blood Pressure Monitor devices may not be used by any other person besides the patron who is responsible for the kit.

**3.5** Patrons will inspect each device in the Blood Pressure Monitor Kit prior to return, noting any damage or defects to Summit County Library staff.



## **Blood Pressure Monitor: Liability, Assumption of Risk, Indemnity and Waiver Agreement**

Summit County offers library patrons the opportunity to check-out blood pressure monitors (“BP Monitors”) solely under the terms set forth in this document. The person signing below is referred to herein as the “Participant”, and this document entitled “Liability, Assumption of Risk, Indemnity and Waiver Agreement” is referred to herein as the “Agreement”. Except as otherwise specifically and explicitly set forth herein, nothing herein is to be construed to waive, limit, or otherwise impair the County’s immunity from suit under applicable law, by contract or otherwise, including by way of illustration and not by limitation such immunity conferred by the Governmental Immunity Act of Utah, Utah Code §§ 63G-7- 101, et. seq., as amended.

Use of the BP Monitors is strictly voluntary and not intended for medical diagnosis. BP Monitors are made available to patrons, including Participant, solely to produce general information only. Use of the BP Monitors by patrons, including Participant, is not intended to result in, or to be construed, as medical advice, diagnosis, and treatment by physicians, and/or patients or other individuals, and is not a substitute for consultations with qualified health professionals who are familiar with any patient’s individual medical needs. The health screening measurements, tests, explanations, etc. do not establish a physician-patient relationship. Participant understands that any concerns about their health should be immediately addressed by a physician, and that it is the Participant’s responsibility, and not that of the County, or other organizations associated with the BP Monitors, to schedule a visit with a healthcare provider in order to confirm the results of the health screen and to obtain advice and treatment from a healthcare provider.

In consideration of being permitted to check-out and otherwise use one or more of the BP Monitors solely for the Participant’s sole and exclusive personal use (the “Permitted Use”), I, the Participant, on behalf of myself, my executors, heirs, administrators and assigns, hereby voluntarily agree, to the furthest extent permitted by law, to release, waive, discharge, indemnify, hold harmless, and agree not to sue the County, its officers, employees, agents, volunteers, or other associates of the County, for any and all claims, damages, costs, attorney’s fees, or causes of action which I have or may have in the future, or which third parties have or may have in the future, as a result of damages, injuries, including death, relating to the Permitted Use or BP Monitors, arising out of or incident to any negligent act or omission by the County, its elected officials, officers, employees, agents, volunteers, or other associates of the County.

I knowingly and voluntarily give up valuable legal rights, including the right to sue. Further, I shall defend at my own expense, including attorney's fees, with an attorney selected by the County, the County in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct.

I understand and agree that there exist risks of harm associated with participating in the Permitted Use and BP Monitors that may give rise to bodily injury, death and/or property damage. These risks include, but are not limited to, those hazards associated with malfunctions of the BP Monitors or improper use of the BP Monitors. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of the BP Monitors, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by the County, including all acts of negligence of the County. These risks and dangers may be caused by me, the negligence of others, or by the negligence of the County, its elected officials, officers, employees, agents, volunteers, or other associates of the County. I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my Permitted Use or the BP Monitors to the furthest extent permitted by law.

I also hereby agree to follow the County BP Monitor Kit Policy, and I further understand and agree that I shall pay for the replacement cost of the BP Monitor Kit in the event it is damaged or lost, and I am responsible for any damage that may occur to my personal property as a result of using the Energy Detective Kit. I understand and agreement that replacement costs may be charged to my account.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND WAIVER AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN MYSELF AND THE COUNTY. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

**Borrower Name (Print)  
or Name of Parent/Guardian if child is under 18**

**Name of Child (if applicable) (Print)**

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**Signature**

**Date**

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