Tool Lending Center Program TERMS OF RESPONSIBILITY & WAIVER



Neighborhood Name:	
Boundaries:	
Project Contact Name:	
The undersigned participant(s) hereby certify the following:	
Please initial each item 1 I am over the age of 18 and will be using the equipment on the "Tool Lendin within the City of Scottsdale.	g Center" trailer
2 I understand that some of the items on the trailer may be dangerous if used by the age of 18; I will restrict use of the power equipment contained within the those 18 years of age and older.	• •
3 I have received and understand that the written instructions on the proper oper maintenance of the power-operated items are available on the trailer.	eration and
4 I will operate all items as instructed by the manufacturer's safety guidelines a conformance with all written instructions received.	and in
5 I will return any borrowed items clean and in working order.	
6 I understand that I will be responsible to pay for the replacement of any item the condition in which they were received (normal wear and tear excluded).	s not returned in
7 I will not use the trailer or the items on the trailer for commercial purposes.	
8 I understand that the use of this equipment may be dangerous and can result in death. I agree to defend, indemnify, hold harmless and release the City of Scoof its departments, agencies, officers or employees from all damages, claims, expenses, including attorney's fees and legal costs, arising or resulting in any delivery, placement, presence or servicing of the tool lending trailer and the otherein.	cottsdale and any , liabilities and y way from equipment stored
9 (Coordinator Only) I will ensure that the trailer is secured when not being use items will be returned to the trailer by am/pm on removed from the site.	
Participant Name (please print):	
Participant Signature: Date:	
Participant Address:	<u>—</u>
Participant Phone:	