



Community Pride Cleanup Supply Trailer



Responsibilities and Waiver

Neighborhood/Project Name _____

Project Coordinator _____

Dates of Project _____

The undersigned participant hereby certifies the following (one form per person):
Please initial each item:

1. ___ I am over the age of 18 and will be using the equipment in the Community Pride Cleanup Supply Trailer (CPCST) within Montgomery County, Ohio.
2. ___ I understand the written instructions on the proper operation and maintenance of the power equipment is in the binder labeled "Montgomery County Community Pride Cleanup Supply Trailer Operator's Manual" stored inside the CPCST.
3. ___ I will operate all equipment as instructed by the manufacturer's safety guidelines and in conformance with the instructions in the Operator's Manual.
4. ___ I will return any borrowed items from the CPCST clean and in working order.
5. ___ I understand I am responsible to pay for the replacement of any items from the CPCST not returned in the condition in which they were received (excluding normal wear and tear)
6. ___ I will not use the CPCST or the items in the CPCST for commercial purposes.
7. ___ I understand the use of this equipment may be dangerous and can result in injury or death. I agree to defend, indemnify, hold harmless, and release Montgomery County and any of its departments, agencies, offices, officers and employees from all damages claims, liabilities and expenses, including attorney's fees and legal costs, arising or resulting in any way from delivery, placement, presence, servicing and use of the CPCST and the equipment stored within.
8. ___ (Project Coordinator only) From the time the CPCST is delivered and placed until such time as it is removed by Montgomery County, the Project Coordinator will defend, indemnify, hold harmless and release the county and any of its departments, agencies, offices, officers and employees, from all damages, claims or liabilities and expenses, including attorney's fee and legal costs, arising or resulting in any way from delivery, placement, presence, servicing and use of the CPCST and equipment stored within.

(Over)



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The undersigned participant hereby certifies the following:
(Please initial each item)

- 9. ___ (Project Coordinator only) I will ensure the CPCST is secured when not being used and all items will be returned. I will meet Montgomery County on _____ at _____ am/pm to inventory the CPCST Equipment List, and return all items identified thereon to Montgomery County.
- 10. ___ (Project Coordinator only) I agree to compensate the Montgomery County Board of County Commissioners for any and all items identified on the Equipment List, which are not returned to Montgomery County for any reason by the date and time identified above.
- 11. ___ (Project Coordinator only) I agree to complete and return the Cleanup Summary Report to MCSWD within seven days of the completion of this project.

Participant Name (please print) _____

Participant Signature _____ Date _____

Participant Address _____

Participant Phone _____

Project Coordinator—Please return your signed waiver along with the application. All other waivers can be collected on the day of the event and provided to MCSWD upon the return of the trailer.

Montgomery County Solid Waste Emergency Contact:

Angela Vance
Safety Officer
937-790-0231