

# 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 Lending Center” trailer within the City of Scottsdale.
2. \_\_\_\_\_ I understand that some of the items on the trailer may be dangerous if used by persons under the age of 18; I will restrict use of the power equipment contained within the trailer only to those 18 years of age and older.
3. \_\_\_\_\_ I have received and understand that the written instructions on the proper operation and maintenance of the power-operated items are available on the trailer.
4. \_\_\_\_\_ I will operate all items as instructed by the manufacturer’s safety guidelines and in conformance with all written instructions received.
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 items not returned in the condition in which they were received (normal wear and tear excluded).
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 injury or death. I agree to defend, indemnify, hold harmless and release the City of Scottsdale and any of its departments, agencies, officers or 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 or servicing of the tool lending trailer and the equipment stored therein.
9. \_\_\_\_\_ (Coordinator Only) I will ensure that the trailer is secured when not being used and that all items will be returned to the trailer by \_\_\_\_\_ am/pm on \_\_\_\_\_ for it to be removed from the site.

Participant Name (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Participant Phone: \_\_\_\_\_