



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 Trailer (CPT) within Akron, Ohio.
2. ___ I understand the written instructions on the proper operation and maintenance of the power equipment is in the plastic box labeled "Keep Akron Beautiful Community Pride Cleanup Trailer Operator's Manual" stored inside the CPT.
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 CPT clean and in working order.
5. ___ I understand I am responsible to pay for the replacement of any items from the CPT not returned in the condition in which they were received (excluding normal wear and tear)
6. ___ I will not use the CPT or the items in the CPT 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 The City of Akron and Keep Akron Beautiful 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 CPT and the equipment stored within.
8. ___ (Project Coordinator only) From the time the CPT is delivered and placed until such time as it is removed by Keep Akron Beautiful, 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 CPT and equipment stored within.

(Over)



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Project Coordinator _____

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

- 9. ___ (Project Coordinator only) I will ensure the CPT is secured when not being used and all items will be returned. I will meet Keep Akron Beautiful on _____ at _____ am/pm to inventory the CPT Equipment List, and return all items identified thereon to Keep Akron Beautiful.
- 10. ___ (Project Coordinator only) I agree to compensate the Keep Akron Beautiful for any and all items identified on the Equipment List, which are not returned to Keep Akron Beautiful for any reason by the date and time identified above.
- 11. ___ (Project Coordinator only) I will ensure no one under the age of 18 years old will use any of the power equipment from the trailer.
- 12. ___ (Project Coordinator only) I agree to complete and return the Cleanup Summary Report to KAB within seven days of the completion of this project.

Project Coordinator name (please print) _____

Project Coordinator signature _____ Date _____

Project Coordinator Address _____

Project Coordinator 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 KAB upon the return of the trailer.

Keep Akron Beautiful Emergency Contact:

330-338-2610