



Community Pride Trailer



Participant's Responsibilities and Waiver

Neighborhood/Project Name _____

Project Coordinator _____

Dates of Project _____

The participant hereby certifies the following:

1. I am over the age of 18 and will be using the equipment in the Community Pride Trailer (CPT) within Akron, Ohio. (If participant is **under the age of 18 years of age**, we need their name with the signature of their parent or guardian).
2. I understand that if I am **under the age of 18**, I will not be allowed to use power tools of any kind that are supplied on the CPT.
3. I understand the written instructions on the proper operation and maintenance of the power equipment is in the plastic container labeled "Keep Akron Beautiful Community Pride Trailer Operator's Manual" stored inside the CPT.
4. I will operate all equipment as instructed by the manufacturer's safety guidelines and in conformance with the instructions in the Operator's Manual.
5. I will return any borrowed items from the CPT clean and in working order.
6. 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)
7. I will not use the CPT or the items in the CPT for commercial purposes.
8. 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.

YOU MUST PRINT YOUR NAME, SIGN AND DATE THE OPPOSITE SIDE OF THIS FORM TO PARTICIPATE



Community Pride Trailer



Participant's Responsibilities and Waiver

I have read and agree to the participant's responsibilities on the opposite side of the page. Sign below to indicate agreement:

Printed Name _____	Signature _____
	Date _____
Printed Name _____	Signature _____
	Date _____
Printed Name _____	Signature _____
	Date _____
Printed Name _____	Signature _____
	Date _____
Printed Name _____	Signature _____
	Date _____
Printed Name _____	Signature _____
	Date _____
Printed Name _____	Signature _____
	Date _____