



# Community Cleanup Trailer



## Participants Waiver

Neighborhood Project Name \_\_\_\_\_

Project Coordinator \_\_\_\_\_

Date(s) of Project \_\_\_\_\_

### The participant certifies the following:

- I am over the age of 18 and will be using the equipment in the Community Cleanup Trailer within Clark County:
- I understand the written instructions on the proper operation and maintenance of the power equipment is in the binder labeled "Instruction Manuals" stored inside the Community Cleanup Trailer.
- I will operate all equipment as instructed by the manufacturer's safety guidelines and in conformance with the instructions in the Operators Manuals.
- I will return items from the Community Cleanup Trailer clean and in working order.
- I understand I am responsible to pay for the replacement of any items from the Community Cleanup Trailer not returned in the condition in which they were received, excluding normal wear and tear.
- I will not use the Community Cleanup Trailer, or the items in the trailer, for commercial purposes.
- I understand using the equipment within the Community Cleanup Trailer may be dangerous and can result in injury or death. I voluntarily use the equipment, and I fully assume the risks of using the equipment. I also understand the dangers of being around others using the same equipment, and I fully assume the risk of injury or death from such use by others.
- I agree to defend, indemnify, hold harmless, and release Clark 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 out of or resulting in any way from the delivery, placement, presence, servicing, and use of the Community Cleanup trailer and the equipment stored within.

YOU MUST PRINT YOUR NAME, SIGN, AND DATE THE SECOND PAGE OF THIS FORM TO USE THE TRAILER AND THE EQUIPMENT.



# Community Cleanup Trailer Participant's Waiver



I have read and agree to the participant's responsibilities on the first page. Sign below to indicate agreement.

1.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

2.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

3.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

4.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

5.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

6.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

7.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_