

No-Till Grass Drill Lease/Rental Liability Waiver Form

For Use in Marshall County Only

Rental Fee:

\$50.00 Usage Fee

\$7.00 per acre

\$1.00 per acre discount if paid within 10 days of use

IF THE TOTAL IS NOT PAID BY THE END OF THE MONTH, A \$25.00 LATE FEE WILL BE ADDED. AN ADDITIONAL \$25.00 LATE FEE WILL BE ADDED FOR EACH MONTH THE BILL IS UNPAID.

_____ Initials

Damage due to negligence, abuse or failure to follow instruction will be the responsibility of the user. The District will not be responsible or held liable for accidents when the Drill is in your care, custody and control. All damages or accidents will be reported to the District office within one business day.

_____ Initials

I understand that I am responsible for the following:

- To perform an inspection of the equipment for damage prior to taking it into my possession and to report any damage to the District office immediately.
- Grease drill prior to use (24 grease zerks)
- To clean off any mud or dirt and clean out seed box prior to returning to the District office.
- To immediately contact the district when I pick up and return the equipment.
- To report the number of acres actually covered to the District when I return the equipment on the provided form attached to drill.
- To assume responsibility for any repairs due to my negligence or use, excluding ordinary wear and tear, while the equipment is in my possession.
- To be responsible for the transport of the equipment from a previous job, or to and from the District parking lot.

_____ Initials

Normal wear and tear will be the responsibility of the District. Please inform the office of any problems you had while using the equipment or anything you think should be addressed prior to renting the equipment to the next user.

Supervisors/Staff have the right to inspect the equipment at any time while under renter's possession. The District reserves the right to terminate this agreement at any time and require the return of the District equipment.

Name: _____	Telephone: _____
Address: _____	City, State, Zip: _____, _____, _____
Date Checked Out: _____	Anticipated Return Date: _____
Crop: _____	
Acres Covered: _____	Tax Exempt: _____ Form on File: _____

I have read and understand the Check List for Using the No-Till Grass Drill.

_____ Initials

I understand that I am responsible for this equipment while it is in my care, custody, and control. I confirm that insurance is current on the vehicle towing the equipment.

I have read and understand all information contained in this document.

Signature: _____

District Signature: _____

This equipment was purchased by the Marshall County SWCD to assist farmers in managing their crop residue. All program and services of the Marshall County SWCD are offered on a non-discriminatory basis, without regard to race, color, national origin, religion, sex, age, marital status or handicap.