

Project Coordinator Agreement and Waiver Form

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

_____ I will work with Marshall County Solid Waste and any local authority to determine a proper parking location for the Community Cleanup Trailer (CCT) and agree to meet the driver at the location when the trailer is delivered and picked up.

_____ I am over the age of 18 and will be using the equipment in the CCT within Marshall County, Indiana.

_____ I will ensure all participants using the equipment from the trailer are at least 18 years old and have completed all waivers.

_____ I will return any borrowed items from the CCT clean and in working order.

_____ I understand I am responsible to pay for the replacement of any items from the CCT not returned in the condition in which they were received (excluding normal wear and tear).

_____ I will not use the CCT or the items in the CCT for commercial purposes.

_____ I understand the use of this equipment may be dangerous and can result in injury or death.

_____ I agree to indemnify, hold harmless, and release Marshall County Solid Waste 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 CCT and the equipment stored within.

_____ From the time the CCT is delivered and placed until such time as it is removed by Marshall County Solid Waste, 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 CCT and equipment stored within.

_____ I will ensure the CCT is secured when not being used and all items will be returned. I will meet Marshall County Solid Waste staff at the drop off location to inventory the CCT Equipment List, and return all items identified thereon to Marshall County Solid Waste.

_____ I agree to compensate the Marshall County Solid Waste District for any and all items identified on the Equipment List, which are not returned to Marshall County Solid Waste for any reason by the date and time identified above.

_____ I will ensure the trailer is free of unbagged trash and debris upon return.

_____ I agree to complete and return the Cleanup Summary Report to **MCSWD** within seven days of the completion of this/each project.

Coordinator Signature _____ Date _____

Official Use Only
Coordinator's Name _____ Phone # _____
Drop Off Date _____ Pick Up Date _____
Drop Off Time _____ Pick Up Time _____
Parking Location of CCT: _____
Cleanup Summary Report Completed: _____
\$25.00 Deposit accepted (date): _____ District staff initials: _____
\$25.00 Deposit returned (date): _____ District staff initials: _____