



**By signing below, the Renter agrees to:**

1. Read and follow all instructions on the pesticide labels.
2. Read and follow all instructions according to the Operator's Manual (provided) and information provided.
3. Use only the recommended equipment and chemicals designed for the equipment being rented.
4. Assume all liability of use of equipment during the rental period.
5. Assume all liability in case of unintended injury to humans, animals, and/or plants.
6. Assume all liability in case of environmental contamination due to a pesticide spill, including, but not limited to, cleanup of contaminated soil and water.
7. Assume all liability in case of damage to property or personal equipment from use of rental equipment.
8. Notify the CM-CISMA of any damages to the equipment, or of any equipment that is not operating correctly.
9. Clean equipment and triple rinse the knotweed injector so that it is ready for the next user and decreases the possibility of spreading the species to another location. Failure to do so would result in an additional charge.
10. The Renter shall pay the CM-CISMA full compensation, as listed in the above table, for replacement and/or repair of any equipment not returned in the same condition as rented for any reason, including: damage (due to improper use of equipment), theft or loss. Discretion is left to the CM-CISMA Coordinator and Steering Committee.

**INSURANCE:** *The landowner hereby represents that they have in force a valid liability insurance policy with \_\_\_\_\_ insurance company and agrees to hold CM-CISMA and the Chippewa Nature Center harmless as to any liability that may arise out of the landowner's transportation and/or use of the equipment. INITIALS: \_\_\_\_\_*

*I understand and agree that I will follow the requirements listed above for tool crib rental. I also certify that I will follow the herbicide label, understand how to use the rented equipment, and will only use tools and chemicals under the recommendations of CM-CISMA.*

\_\_\_\_\_  
Landowner/Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CM-CISMA Coordinator/Steering Committee Member Signature

\_\_\_\_\_  
Date