

Resident Name:

Address:

Pickup Date:Time:

Dropoff Date: Time:

Tools Checked Out:

|  |  |  |
| --- | --- | --- |
| Item Name | Item # | Manufacturer Manual |
|  |   | Yes N/A |
|  |  | Yes N/A |
|  |  | Yes N/A |
|  |  | Yes N/A |
|  |  | Yes N/A |
|  |  | Yes N/A |
|  |  | Yes N/A |

The undersigned hereby certifies the following:

* ***I understand that the use of these tools or equipment may be dangerous and can result in injury or death. I agree to defend, indemnify, hold harmless and release the City of Grand Prairie and any of its departments, agencies, officers or 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 or servicing of the tool lending program and the tools or equipment provided. T*he City of Grand Prairie is not responsible or liable for any injury or damage as it relates to use of these tools or equipment. Use of these tools and equipment is at my own risk.**
* I am at least 18 years of age. I will restrict use of tools or equipment only to those 18 years of age and older.
* I have received and will review all manuals and safety instructions provided. I will operate all tools or equipment as instructed by the manufacturer’s safety guidelines.
* I will not use these tools or equipment in an unlawful or dangerous manner, or in any manner not in accordance with any user manual, or for commercial purposes.
* I will wear any personal protective equipment provided to me and/or recommended by the manufacturer while operating all loaned equipment. It is my responsibility to use the proper safety equipment for the tools or equipment and task I am performing.
* I will pay/may be held responsible for the replacement or repair of any items lost or damaged outside of normal wear and tear. I will notify the City of Grand Prairie immediately if a tool breaks during use. I will ensure that the tools or equipment are secured from theft when not being used.
* If provided a gasoline can I will use only regular unleaded gasoline and will return the container empty.
* ***I will have all items cleaned, in working order***, and ready to be picked up by the date and time agreed to on this form.

Resident Signature:

Resident Driver’s License/ID Number & State:  **TX -**

Resident Phone:

Proof of Current Grand Prairie Residence: Yes No

Current Driver’s License or ID: Yes No

Tool Lending Checkout Approved: Yes No

Consent to take before & After Pictures: Yes No

Staff Name/ID:  **Alina Harris**

Staff Contact Info: **972-237-2014 aharris@gptx.org**