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**Invasive Species Equipment Rental Contract**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STREET CITY ZIP

**EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSERVATION DISTRICT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Everyone who uses the tools must have a signed rental agreement with the Conservation District.

By signing below, user agrees to:

1. Read and follow all instructions on the pesticide labels.
2. Assume all liability in the case of unintended injury to humans, animals, and/or plants.
3. Assume all liability in case of environmental contamination due to a pesticide spill, including, but not limited to, cleanup of contaminated soil and water.
4. Notify the Conservation District of any damages to the equipment, or of any equipment that is not operating correctly.
5. Clean (triple rinse) the injector so that it is ready to go for the next user.
6. An additional rental charge will be assessed for any equipment that is returned late. Late fees accrue per day and equal the five day rental fee each day.

**Insurance:** The landowner hereby represents that they have in force a valid liability insurance policy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance company and agrees to hold NCCISMA and the Conservation District harmless as to any liability which may arise out of the landowner’s transportation and/or use of the equipment.

|  |  |  |
| --- | --- | --- |
| **Rental Fees:** | # of Rentals: | Fee: |
| Herbicide Injector @ $22 per 5 days |  |  |
| UpRooter @ $18 per 5 days |  |  |
|  | TOTAL: |  |

Time and Date Equipment was checked out:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time and Date Equipment is to be returned:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions:**

1. Location of the treatment area? (address or crossroads)

2. What plant species will you be treating while using the equipment?

3. What is the size of the area you will be treating? (estimated square feet)

*I understand and agree that I will follow the requirements listed above for rental of the I.S. equipment. I also certify that I will follow the herbicide label, understand how to use the rented equipment, and will only use NCCISMA recommended herbicides in the rented equipment.*

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Landowner/Agency Representative Signature Date

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Conservation District Representative Signature Date