



Truax No-Till Drill/Liability Release

Prior to operating District owned equipment, this form must be completed and returned to the District for approval.

I, _____, anticipate operating the District's Truax Flex II drill for the following purpose: I plan to plant (circle) warm season or cool season grasses on approximately ____ acres. I understand that I am responsible for this equipment while it is in my care, custody, and control. I have been provided a copy of manufacturer's safety warnings for the Truax Flex II drill and my questions about the safe operations of the equipment, if any, have been fully answered. (Please initial ____)

I also understand that I am responsible for the following:

- To perform an inspection of the equipment for damage prior to using it and to report any damage to the District office immediately. (Please initial ____)
To immediately contact the District when I have finished using the drill. (Please initial ____)
User will not allow another person to take possession of the drill unless approved by the District. (Please initial ____)
To report the number of acres actually covered to the District when I am finished if different than originally expected. (Please initial ____)
User agrees to vacuum all seed and residue from seed boxes and visually inspect the drill for damage prior to returning to District office. (Please initial ____)
To assume responsibility for any repairs due to my negligence or use, excluding ordinary wear and tear, while the equipment is in my possession. (Please initial ____)
The full operations manual may be found at http://www.truaxcomp.com/grassdrill.html User has read the manual prior to operation of the drill (Please initial ____). Calibration is the responsibility of the user. Please refer to the manual or for an online video tutorial visit: https://www.purdue.edu/fnr/extension/video-calibrating-a-no-till-drill-for-conservation-plantings-and-wildlife-food-plots/

I understand that rental rates have been established for the drill and that all drill rentals will be invoiced. Rental rates are as follows (Please initial ____):

- For establishment of grassed waterways or filter strips; plant wildlife food plots; plant warm season grasses and forbs the rental fee is \$75.00 and \$10.00 per acre. A \$200.00 damage deposit is required and will be returned or applied to payment if the drill is returned in good condition.
For pasture renovation (not to exceed five acres) the rental fee is \$100.00 and \$25.00 per acre. A \$200.00 deposit is required and will be returned or applied to payment if the drill is returned in good condition.
Payments should be made payable to the Clinton County Soil and Water Conservation District (CCSWCD).

In consideration of being permitted to use the Truax Flex II drill which I have rented from the Clinton County Soil and Water Conservation District (CCSWCD), I for myself and my heirs, representatives and assigns, hereby release, forever discharge, indemnify, and hold harmless the CCSWCD, its Board, officers, agents, employees, and representatives (the "Released Parties") and any person or entity acting on behalf of a Released Party from any and all responsibility or liability for injuries or damages (including attorney's fees and court costs) which the Released Parties may incur in connection with such claims or in connection with any judicial, quasi-judicial or administrative proceedings relating thereto resulting from or arising out my use the Truax drill which I have rented from the CCSWCD. (Please initial ____).

I understand that the use of the Truax Flex II drill which I have rented from the CCSWCD, involves a risk of injury and even death and that I am voluntarily using equipment and machinery with knowledge of the dangers involved. I acknowledge that the CCSWCD staff, even if present, will not be monitoring me or my activities while using the Truax Flex II drill, and I acknowledge that CCSWCD staff are not qualified to render medical assistance in the event of a medical emergency. I hereby expressly agree to assume and accept any and all risks of injury or death. (Please initial ____)

Please provide the following information:

Name: _____ Auto insurance policy carrier and number _____
Address: _____
City, State, Zip Code: _____
Telephone: _____ Email: _____
Location (or Tract #) where drill will be used _____
Record acre meter: Beginning _____ Ending _____
Delivery/Pick-up Date _____ Return Date _____
Customer Signature: _____ Date: _____

For Office Use Only

Check # Receipt #