

**RENTAL AGREEMENT**  
**AND**  
**RELEASE OF LIABILITY**

**RESIDENT INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City: City of Independence State: Ohio Zip: 44131

Date of Rental: \_\_\_\_\_ Length of Rental: \_\_\_\_\_ Rental Fee: \_\_\_\_\_

Service Department Equipment to be rented:      CONTAINER      (Circle One)

Tent or Container size: \_\_\_\_\_

Restrictions on Rentals:

CONTAINERS – Maximum rental time is 72 (seventy two) hours.

**Payment in full must be made at the time of reservation**

**NO REFUNDS**

**Check made payable to: City of Independence**

**WAIVER AND RELEASE OF LIABILITY:**

I \_\_\_\_\_ (print name), residing at \_\_\_\_\_, Independence, Ohio, for myself and on behalf of my executors, administrators, legal representatives, heirs, assigns and successors, do hereby expressly release and discharge the CITY OF INDEPENDENCE (hereafter "CITY"), its employees, officials, agents, officers, assigns and/or successors, from any and all liability, claims, costs, demands, losses, damages, injury, illness, accident, dismemberment or death, resulting from the acts of active or passive negligence on the part of the CITY its employees, officials, agents, officers, assigns and/or successors.

I acknowledge that I will be responsible and pay for any damages that may occur to the City owned equipment while in my possession. I will also pay for any damages that may result from my using the City owned equipment. In addition, I will not hold the CITY, its employees or officials, liable for any damage that may occur to my lawn, driveway, house, or other property or fixtures.

I further acknowledge that I have read this waiver and release of liability and that I fully understand it.

In witness whereof, resident/Releasor has executed this Waiver and Release of Liability Agreement at Independence, Ohio this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Resident/Releasor's Signature

\_\_\_\_\_  
Witness/City of Independence Representative