

# BROADCAST TERRACE SEEDER RENTAL AGREEMENT

Renter's Name: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agreed Return Date: \_\_\_\_\_

Address: \_\_\_\_\_

Actual Return Date: \_\_\_\_\_

\_\_\_\_\_

Location of Use (Township, Section):  
\_\_\_\_\_

## Terms & Conditions:

### General Conditions:

1. I will inspect the terrace seeder and determine it to be in good condition before removing it from the Winterset USDA Service Center.
2. I will follow manufacturer's recommendations pertaining to use and operation.
3. **I will *not* run any fertilizer through the seeder.**
4. I maintain general farm liability insurance.
5. I will protect the terrace seeder against theft while in my possession.
6. I agree to return the terrace seeder to the Winterset USDA Service Center by the agreed return date.
7. I agree to pay for damages or loss of parts occurring to the seeder during the time it is checked out to me.

### Deposit Required:

A damage deposit of **\$50.00** (to Madison County SWCD) will be left with the District prior to the removal of the seeder from the office. Deposit must be paid via personal check, cashier's check, money order, or cash (no credit/debit). The deposit will be held after return of equipment for up to 10 days for damage inspection, and the renter will be informed of any damage. If there is damage beyond the normal wear and tear, the repair costs will be taken out of the deposit and the remainder will be refunded. The renter will be responsible for the cost of damages exceeding the amount of the deposit.

### Rental Fee:

- **Donation to Madison County SWCD**
- \$50.00 per day **late fee** if not returned by the agreed return date.

### Waiver of Liability:

In consideration of being allowed to use the equipment described, I hereby, for myself, my heirs, my executors, administrators, waive any and all rights and claims for damages I may have against the Madison County Soil and Water Conservation District, its commissioners, employees, representatives, successors, and assigns, for any and all injuries suffered by me in connection with the transportation, operation, or usage of said equipment. I attest and verify that I have been instructed concerning the proper methods of transporting, operating, or otherwise using said equipment, and that I have full knowledge of the risks involved.

X

\_\_\_\_\_  
Renter's Signature

\_\_\_\_\_  
Date

# BROADCAST TERRACE SEEDER RENTAL AGREEMENT

Renter's Name: \_\_\_\_\_ Agreed Return Date: \_\_\_\_\_

Actual Return Date: \_\_\_\_\_

**DAMAGE DEPOSIT:**

Date Received	Check #	Account Name	Received by (staff)	Date Returned
<input type="checkbox"/> Returned to Renter <input type="checkbox"/> Destroyed by: _____ <input type="checkbox"/> Used toward donation <input type="checkbox"/> Held for damages				

**CONDITION OF TERRACE SEEDER** (✓ if satisfactory; include comments if necessary):

Comments	Before Use	After Use
<b>Overall Condition</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged

Checked by: \_\_\_\_\_

Name	Pick-up Date	Name	Return Date
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Damage requires repairs?      Yes      No      **Comments:**

Cost of repairs:    \$\_\_\_\_\_ - \$200 (Deposit)  
                                      = \$\_\_\_\_\_ Balance  
*(+ indicates additional cost billed to renter; - indicates refund owed to renter)*

**PAYMENT:**

**Late Fee:** \_\_\_\_\_ days x \$50.00/day =    \$\_\_\_\_\_

x 0.07 (Madison County Sales Tax) =    \$\_\_\_\_\_     check if exempt\*\*

**Donation Amount** (not taxed) =    \$\_\_\_\_\_

**TOTAL PAYMENT:**    \$\_\_\_\_\_

\*\*If exempt, the renter must complete an Iowa Sales Tax Exemption Certificate

**Additional Notes:**

Check # \_\_\_\_\_ for \$\_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_