

# TERRACE SEEDER RENTAL AGREEMENT

Madison County Soil & Water Conservation District  
815 E. Hwy 92, Winterset, IA 50273 | 515-462-2961 x3 | www.Madison-SWCD.org

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

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

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

Expected Return Date: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

## Terms & Conditions:

### 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. The remainder will be refunded to the renter, or the renter will be billed for the balance.

### Rental Rates:

**\$10.00** per full day

**\$5.00** per half day

Payment is due upon return and inspection for damages.

### 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 as soon as possible after use.
7. I agree to pay for damages or loss of parts occurring to the seeder during the time it is checked out to me.

### 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

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## DAMAGE DEPOSIT:

\_\_\_\_\_ Date Received    \_\_\_\_\_ Check #    \_\_\_\_\_ Account Name    \_\_\_\_\_ Received by (staff)    \_\_\_\_\_ Date Returned

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

	Before Use	After Use
All parts present		
<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

## DAMAGE INSPECTION:

\_\_\_\_\_ Inspected by (staff)    \_\_\_\_\_ Date of inspection    \_\_\_\_\_ Condition (Satisfactory/Damaged)

Comments: \_\_\_\_\_

Repairs/parts required?     Yes     No    Estimated cost of repairs: \$ \_\_\_\_\_ - \$50.00 (Deposit)  
= \$ \_\_\_\_\_ Balance  
(+ indicates additional cost billed to renter; - indicates refund owed to renter)

## PAYMENT:

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

\_\_\_\_\_ x \$10.00/day = \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
# Days                      Rental fee                      Additional cost of repairs                      **TOTAL BALANCE DUE**

Check # _____ Received by: _____ Date: _____
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