

Hold-Harmless Agreement for Township of Livingston Facility Users

“I/we, me/my” shall mean representative of the requesting organization.

“You/your” shall mean the municipal corporation known as the Township of Livingston, its agents, servants, employees, or contractors.

1. It is hereby understood that if this application is granted, I will assume responsibility for payment of any assessed rental charge before the facilities are used, for the preservation of order in said building or grounds, liability for any damage or loss of property that may occur, and for the due observance of all regulations of the Department of Recreation and Parks governing the use of town property as set forth by the Rules for Facility Use and Reservation Policies and Procedures.
2. I sign this Hold-Harmless as my voluntary act and by this act agree to hold you harmless and indemnify you from any claims, suits, or other actions arising from, caused by, or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held on the dates listed (as described on the Facility Request Form).
3. I state that the activity will not include the consumption of alcoholic beverages.
4. I also agree that where the municipal officer signing this Hold-Harmless on your behalf has determined I should provide to you a “Certificate of Insurance” and proof of “Special Events Insurance” that I shall provide same to that municipal officer as soon as practicable and not less than five (5) business days before the date of the planned activity. The appropriate municipal officer will check below if this paragraph is applicable to the activity listed previously. Said Insurance shall be written with a company maintaining a rating of at least “A-“, according to A.M. Best. Said policy shall be in an amount of not less than one million dollars (\$1,000,000) per occurrence. It is understood you will be listed as an additional insured on the policy and Certificate of Insurance.

Applicable: _____ Not Applicable: _____

NOTE: Certificate of Insurance is “APPLICABLE” for ALL facility users. No group may select “Not Applicable” without previous discussion with the Facility Coordinator.

In the event said Certificate of Insurance is not provided as set forth above, I recognize the event MUST BE CANCELLED and not be held as scheduled.

LEGAL SIGNATURES:

(a) Individual _____
(Print Name) (Signature)
on behalf of _____
(Organization)

OR

(b) Individual _____
(Print Name) (Signature)

Date: _____

AND

Signature of Person on behalf of the Municipality:

(Signature) (Title)

Date: _____