

## Spring Lake Township Pavilion Rental Indemnification Form

**Applicant:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

The above named Applicant agrees to protect, defend, indemnify and hold harmless Spring Lake Township against and from all claims arising from the negligence or fault of the above named Applicant or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified Event.

Applicant agrees to provide a certificate of insurance to Spring Lake Township which provides evidence of general liability coverage of not less than five hundred thousand dollars (\$500,000) per occurrence. Applicant also agrees, with respect to this Event, to have Spring Lake Township named as an "Additional Insured" on its general liability policy for any and all claims which arise out of Applicants Event or are brought against Spring Lake Township by Applicant's employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organization members or associates. Applicant also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against Spring Lake Township.

If and only if Applicant fails to comply with the above (second) paragraph, then the above named Applicant agrees to protect, defend, hold harmless and fully indemnify Spring Lake Township for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified Event that is brought against Spring Lake Township by the above named Applicant or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of Spring Lake Township, its employees or agents, or the negligence of any other individual or organization. If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

**SIGNED BY:** \_\_\_\_\_  
(MUST BE AN OFFICIAL AGENT OF APPLICANT)

**NAME (please print):** \_\_\_\_\_

**DATE:** \_\_\_\_\_