



Borough of Hillsdale

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Patty Hughes, Recreation Director

HOLD HARMLESS AGREEMENT

(To be signed by organization using municipal facilities)

Between the Borough of Hillsdale
AND

Name of Organization using the Facility

Address of the Organization (NOT Post-Office Box)

Telephone Number of the Organization

Type of Organization (individual, partnership, non-profit corporation, corporation, public entity)

In consideration of the use of _____, on the following dates: _____ for the purpose of _____, the undersigned agrees to indemnify and hold the Borough of Hillsdale and its officers, agents, and employees harmless from any and all liability, claims, costs, and attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also requires that the Borough of Hillsdale is indemnified from any losses or damage resulting from the acts or omissions from any guest, participant, visitor, or other person attending the event herein referred to. Unless waived in writing by the Borough of Hillsdale. I agree to furnish a Certificate of Insurance specifically naming the Borough of Hillsdale as additional insured providing general liability coverage including, bodily injury and property damage with minimum

limits of liability not less than \$1,000,000.00. In order to induce the Borough of Hillsdale to accept this Hold Harmless Agreement, the following information concerning the intended use of the premise is furnished:

- a. Total number of persons anticipated is _____
- b. Live entertainment (will) or (will not) be provided

This agreement shall remain in full force and effect for any continued, additional or postponed date for the event indicated.

The borough reserves the right to cancel or interrupt the event if the representations set forth therein are not adhered to or if the borough determines that a situation that might lead to personal injury, property damage or violation of law exists.

Signed this _____ day of _____ 20____ as

The binding act in deed of _____
Name of Organization

Authorized Signature

Printed Authorized Name and Title

Witness