

TOWNSHIP OF ROCHELLE PARK

Bergen County, New Jersey



HOLD HARMLESS AGREEMENT USE OF MUNICIPAL FACILITIES

Between the TOWNSHIP OF ROCHELLE PARK,
with principal offices located at: **151 West Passaic Street**

And

Organization Name

Street Address

Contact Person

Telephone Number

Email Address

In consideration for use of municipally owned facilities at _____

_____ on the following date(s): _____

for the purpose of _____,

the undersigned agrees to indemnify, defend and hold the **Township of Rochelle Park, NJ** (hereinafter referred to as the "Municipality") and its officers, agents, members, employees and assigns harmless from any and all liability, demands, claims, suits, losses, injuries, damages, judgements, expenses, costs and attorneys' fees arising out of the use of the above stated municipal property for the purposes stated above.

I (we) understand this Hold Harmless Agreement also provides the Municipality be indemnified from any and all liability, claims, demands, damages, judgements, expenses and costs of any kind resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred, unless waived in writing by the Municipality.

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I (we) agree to furnish a Certificate of Insurance evidencing **General Liability, Bodily Injury and Property Damage coverage with minimum limits of liability not less than: **\$1,000,000. Per Occurrence**** and Workers Compensation coverage (as applicable) as well as Auto Liability (as applicable).

The Certificate of Insurance shall also specifically name the Municipality as an additional insured with respect to General Liability coverage for the event listed above. The Certificate must be furnished to the Municipality prior to the commencement of the event.

It is further understood and agreed, the Municipality is not responsible for personal property of the undersigned or their guests or participants.

TOWNSHIP OF ROCHELLE PARK

NAME OF ORGANIZATION

By: _____
PLEASE PRINT – Name & Title

By: _____
PLEASE PRINT: - Name & Title

By: _____
SIGNATURE & DATE

By: _____
SIGNATURE & DATE

NOTE: No photocopied or facsimile copies of this signed original Agreement shall be accepted. Only the original Agreement signed by an authorized individual shall be accepted. No exceptions and/or limitations to this Agreement will be accepted.