

Storey County Community Services

PERMIT HOLD HARMLESS & INDEMNIFICATION AGREEMENT

The under signed wishes to be issued a special event permit from the date of _____ to _____ from the hours of _____ to _____ in the name of the following said event: _____

The provisions of this agreement apply to myself, my entity, group or organization and our invitees or guests. I agree to abide by all applicable rules and regulation relating to this permit. Failure to do so may result in the revocation of this permit.

I agree to reimburse Storey County for any damages done to its property by myself or any other person associated with myself or my group. I also agree to save and hold Storey County and its officer, agents, servants, and employees harmless from any claim by any person resulting from the procession including, without limitation any claims for damages resulting from death or injury to any person or damage to any property arising out of my activities, except those directly and proximately resulting from the intentional or negligent acts of County employees acting within the scope of their official duties.

I agree to give to Storey County prompt and timely notice of any claims or suit instituted which may directly or indirectly affect Storey County or it officers, agents, servants, or employees.

I agree to reimburse Storey County for any expenses incurred in responding to or defending any claims or suits, including the reasonable value of any services rendered or time spent by County officers or employees in responding to or defending such claims or suits.

I also agree to obtain and maintain a policy of General Liability Insurance (Occurrence Form) in the amount of \$1,000,000 or as may be required by the County Manager or his designee. Said policy shall be endorsed to include the County as an insured with respect to liability arising out of my activities pursuant to this agreement. Proof of coverage shall be provided in the form of a Certificate of Insurance and shall provide for thirty (30) days notice of cancellation to Storey County. Storey County's acceptance of such insurance certificate shall not relieve me of liability nor shall the amount of insurance limit my responsibility.

I certify that I have the authority to enter into this agreement on behalf of the entity or organization described below and am executing this agreement on its behalf.

Authorized Party _____ Name of Organization _____

Signature _____ Date _____

Deny Dotson, Director
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