

Address and Phone Number

PARK CITY MUNICIPAL CORPORATION Special Event Hold Harmless and Indemnification Agreement

This Hold Harmless and Indemnification Agreement must be completed and returned to the Special Event Manager ten (10) working days prior to the event or the event will be cancelled.

PLEASE PRINT:	
Name of Business/Organization	
Name of Special Event	
Date(s) of Event	
Each person signing this Agreement represents and warrants that he or she is duly authorized and has legal capac execute and deliver this Agreement. Each party represents and warrants to Park City Municipal Corporation that execution and delivery of the Agreement and the performance of such party's obligations hereunder have been d authorized and that the Agreement is a valid legal agreement and binding on such party and enforceable in accor with its terms.	t the luly
The person signing this Agreement represents and warrants to Park City Municipal Corporation that it has insura coverage in place that covers the scope of activities associated with this event. This person further represents and warrants that the insurance coverage limits meet or exceed the coverage required to obtain this permit.	
For and in consideration of Park City Municipal Corporation (PCMC) issuing a permit permitting the use of City and/or City owned/public property for the conducting of an event to be held as reported above, hereby agrees to hold harmless, and indemnify PCMC, its officers, agents, servants, employees, and their successors, from and all claims, loss, or demands for damages, including claims for loss of life, personal injury or wrongful death damage to property arising out of the conduct of said Special Event as defined by Title 4 of the Park City Mu Code, and further agrees that Applicant is indemnifying and holding harmless PCMC irrespective of whether the or limits of Applicant's insurance policies adequately cover any of the aforementioned claims or demands.	defend, against and/or unicipal
Name of Business/Organization	
Signature	
Name Printed	
Title	

STATE OF UTA	Η)		
)ss.		
COUNTY OF SU	MMIT)		
On this	•		, before me, the undersigned notary, personally appeared proved to me through identification documents allowed by
	son whose nar	me is signed on the precedi	ng or attached document, and acknowledged that he/she
signed it voluntari	ly for its state	ed purpose as	for
			_ ∙
			Notary Public