



WASHOE COUNTY
"Dedicated to Excellence in Public Service"

COMMUNITY SERVICES DEPARTMENT

FACILITY USE HOLD HARMLESS AGREEMENT

The undersigned wishes to use certain County facilities known as _____
on _____ from _____ to _____
for the purpose of _____
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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 regulations relating to the property. Failure to do so may result in revocation of permission to use the facilities and an order to vacate the premises.

I agree to reimburse Washoe County for any damage done to its property by myself or any other person associated with myself or my group. I also agree to save and hold Washoe County and its officers, agents, servants and employees harmless from any claim by any person resulting from my use of the facilities 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 at the facilities 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 Washoe County prompt and timely notice of any claims made or suit instituted which may directly or indirectly affect Washoe County or its officers, agents, servants and employees.

I agree to reimburse Washoe 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 \$ _____ or as may be required by the County's Risk Manager. 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 Washoe County. Washoe County's acceptance of such insurance certificate shall not relieve me of liability nor shall the amount of insurance limit my responsibility.

If I fail to secure such insurance, Washoe County may, at its option, secure such insurance and I will be responsible to reimburse Washoe County for the expenses incurred.

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.

DATED this _____ day of _____.

NAME & TITLE

NAME OF ORGANIZATION
(If Applicable)

WASHOE COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND/OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER