

HOLD HARMLESS AGREEMENT

BETWEEN THE BOROUGH OF RIVER EDGE 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 River Edge and its officers, a	gents, elected or appointed officials,
employees, and volunteers harmless from any and	all liability, claims, costs and attorney's fees
arising out of the use of the property referred to ab	pove.

I understand that this Hold Harmless Agreement also requires that the Borough of River Edge is indemnified from any losses or damages 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 Borough of River Edge, I agree to furnish a Certificate of Insurance, specifically naming the Borough of River Edge as additional insured providing general liability coverage including, bodily injury and property damage with minimum limits of liability not less than \$ _____.

In order to induce the Borough of River Edge to accept this Hold Harmless Agreement, the following information concerning the intended use of the premises is furnished:

a. Alcoholic Beverages (will) or (will not) be served.

b. Total number of person anticipated is _____.

c. Live entertainment (will) or (will not) be provided.

d. Other _____

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 representation set forth therein are not adhered too or if the municipality determines that a situation that might lead to personal injury, property damage or violation of law exists.

Signed this	day of	20	as
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the binding act in deed of ____

Name of Organization

Authorized Signature

WITNESS

Print Authorized Name & Title