

REQUEST FOR USE OF FACILITY

DATE OF APPLICATION: _____

NAME OF PERSON, GROUP OR ORGANIZATION: _____

DATE(S) REQUESTED: _____

TIME(S) REQUESTED: _____

INTENDED USE: _____

EQUIPMENT OR SET UP NEEDED: _____

PERSON MAKING THE REQUEST: _____

CONTACT PERSON FOR GROUP/ORGANIZATION: _____

INDEMNIFICATION AGREEMENT

I UNDERSTAND THAT I OR _____
WILL BE RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF
ANY DAMAGE TO THE FACILITY.

_____ AGREES TO INDEMNIFY, SAVE,
AND HOLD HARMLESS THE CITY OF OAKES, IT AGANCIES, OFFICERS,
AND EMPLOYEES, FROM ANY AND ALL CLAIMS OF ANY NATURE,
INCLUDING COSTS, EXPENSES, AND ATTORNEYS' FEES WHICH MAY
IN ANY MANNER RESULT FROM OR ARISE OUT OF THIS AGREEMENT.

_____ ALSO AGREES TO INDEMNIFY,
SAVE, AND HOLD THE CITY OF OAKES HARMLESS FROM ALL COSTS,
EXPENSES, AND ATTORNEYS' FEES INCURRED IN ESTABLISHING AND
LITIGATING THE INDEMNIFICATION COVERAGE PROVIDED HEREIN.

I HAVE READ AND AGREE TO THESE CONDITIONS.

SIGNATURE: _____ DATE: _____