HOLD HARMLESS AGREEMENT
between the Borough of Dumont

Organization Name________________________________________________________

Telephone Number_______________________________________________

Organization Type (Individual, Partnership, Non-profit Corporation, Corporation, Public Entity______________________________________________

In consideration of the use of my organization’s booth space at Memorial Park on the following dates: September 7, 2019 or the rain date of September 8, 2019 for the purpose of Dumont Day, the undersigned agrees to defend, indemnify and hold the Borough of Dumont and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also requires that the Borough of Dumont 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 the Borough of Dumont, I agree to furnish a Certificate of Insurance specifically naming the Borough of Dumont as an additional, insured providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than $1,000,000 combined single limit.

Said certificate shall state that “the issuing company shall mail 30 days written notice to the certificate holder named, certified mail return receipt”. It shall also contain a statement acknowledging this hold harmless agreement. No exceptions or limitations will be accepted.

In order to induce the Borough of Dumont 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 persons anticipated is ________.

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

 d) Other ________________________________.

Signed this__________ day of ________________ 20____ as the binding act in deed of __________________________________.

(Name of Organization)

__________________________________________s

Authorized Signature from Organization listed above

Note: Certificate of Insurance shall be in original form. No photocopies or fax copies shall be accepted. The authorized person must also sign it in ink.