

This form may be faxed back to 517-244-7190 or
mailed to the Ingham County Parks, PO Box 178, Mason, MI 48854

EVENT DATE: _____ EVENT TIME: _____

**INGHAM COUNTY PARKS DEPARTMENT
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
For Park Game Equipment**

In consideration of its use of the (MOONWALK) (DUNK TANK) (GIANT SLIDE),
(circle one)

the _____ agrees to defend, pay on behalf of,
(name of your organization)

indemnify, and hold harmless Ingham County and Ingham County Parks Department and their elected and appointed officials, employees and volunteers and others working on behalf of Ingham County and Ingham County Parks Department, against any and all claims, demands, suits, or loss, including all costs connected therewith, and for damages which may be asserted, claimed or recovered against or from Ingham County or Ingham County Parks Department, their elected and appointed officials, employees, volunteers or others working on behalf of Ingham County or Ingham County Parks Department, by reason of personal injury, including bodily injury or death, and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the use of the equipment listed above:

by _____
(name of your organization)

its officers, employees or agents; its parent organization, subsidiaries, independent contractors, subcontractors, licensees and invitees if any; and any such parent organization's, subsidiaries', independent contractors', subcontractors', licensees', invitees' officers, employees or agents.

This Agreement shall be construed according to the laws of the State of Michigan. The appropriate venue for the bringing of any legal action under the Agreement shall be the county of Ingham, of the State of Michigan. In the event that any legal action is brought under this Agreement in Federal Court, the appropriate venue for such legal action shall be the Federal Judicial District of Michigan, Western District, Southern Division.

The person signing on behalf of the entity certifies by his/her signature that he/she is duly authorized to sign this Agreement on behalf of the entity and that this Agreement has been authorized by the entity.

This Agreement will be effective from _____, 20____ through _____, 20_____.

Date: _____ By: _____

Title: _____

Signatory Name (type or print): _____

Address: _____

City/State/Zip: _____

Phone: _____