



Board of Selectmen
Town of Hollis
7 Monument Square
Hollis, New Hampshire 03049
Phone: 603.465.2209

FACILITY USE AGREEMENT AND RELEASE/INDEMNIFICATION

1. In consideration for being permitted to use the facilities of the Town of Hollis, _____
(hereinafter "Applicant") agrees to indemnify and hold harmless the Town of Hollis, its officers, employees, insurers, and Primex Insurance Programs, from and against all liability, claims, and demands, which are incurred, made, or brought by any person or entity, on account of damage, loss, or injury, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the use of the facilities, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the Town of Hollis, its officers, or its employees, or from any other cause whatsoever.
2. By signing below, Applicant agrees that, in the event of any damage, loss, or injury to the facilities or to any property or equipment therein, the Town of Hollis may deduct from the damage deposit the full amount of such damage, loss or injury. Applicant further agrees that, if such damage, loss, or injury exceeds the amount of the damage deposit, Applicant will within thirty (30) days of billing reimburse the Town of Hollis for all costs associated therewith upon billing by the Town of Hollis.
3. In addition, in consideration for being permitting to use the facilities, Applicant, on behalf of itself, and its officers, employees, members, and invitees, hereby expressly exempts and releases the Town of Hollis, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss, or damage, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, or death, that Applicant may incur as a result of such use, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the Town of Hollis, its officers, or its employees, or from any other cause whatsoever.

By signing below I agree that this facility use agreement and release/indemnification is valid for the date listed below.

Date of Event _____

Applicant's Signature _____ Date _____

Contact Name _____ Address _____

Phone _____ Email (Optional) _____