



HOLD HARMLESS AGREEMENT

Between the Borough of Franklin Lakes and

Organization Name

Address (not a Post Office Box)

Organization Type
(Individual, Partnership, Non-Profit Corporation, Public Entity)

Telephone Number Unlisted (Y/N)
(If unlisted, phone number is exempt from public disclosure under the Open Public Records Act.)

Fax Number

E-Mail Address

In consideration of the use of _____ on the following date(s):
_____ for the purpose of _____,
the undersigned agrees to indemnify and hold the Borough of Franklin Lakes, its officers, agents and
Employees harmless from any and all liabilities, 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 Franklin
Lakes 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.

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Unless waived in writing by the Borough of Franklin Lakes, I agree to furnish a Certificate of Insurance specifically naming the Borough of Franklin Lakes 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.

The facilities being utilized will be cleaned following its use by the organization, so that it is at least as clean as it was prior to its use by the organization.

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

1. Alcoholic beverages (will) or (will not) be served.
2. Total number of persons anticipated is _____.
3. Live entertainment (will) or (will not) be provided.
4. Other: _____.

Signed this _____ day of _____, 20____, as the binding act and deed of:

Name of Individual/Organization

Witness

Authorized Signature

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