



**City of South Bend Venues Parks & Arts Department Contract
Indemnity & Hold Harmless Agreement**

Event Name _____ **Date** _____

Name of group requesting use of Park: _____

Contact Name: _____

Address: _____ State: Indiana Zip: _____

Telephone: _____ Cell: _____ Fax: _____

Park Location of Event: _____

Date: _____

Duration: _____

Insurance Amount: 1 million dollars – one day insurance rider naming City of South Bend, Board of Park Commissioners and South Bend Venues Parks & Arts.

Waiver:

Organization Name: _____ will release and discharge the City of South Bend and the Board of Park Commissioners, Park Department and all _____ volunteers from any and all liabilities due to any damage, injury or loss of property. I agree to this written contract and will abide by the rules set forth.

Signature of authorized member

Printed name of authorized member

Signed on this date _____ 20____

Authorized Organizer Signature

Printed name and title

Should you have any further questions, please contact: Jackie Appleman with the South Bend Venues Parks & Arts at 574-235-5810. Please return the contract signed via fax to 574-299-4784 or e-mail to japplema@southbendin.gov. Please keep a copy of this contract for your records.