



**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: \_\_\_\_\_

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: Elizabeth Leachman with South Bend Venues Parks & Arts via email at [eleachma@southbendin.gov](mailto:eleachma@southbendin.gov). Please return the contract signed to [eleachma@southbendin.gov](mailto:eleachma@southbendin.gov) or via fax to 574-299-4783. Please keep a copy of this contract for your records.*