



THE CITY OF DELAWARE CITY

407 Clinton Street- P.O. Box 4159
Delaware City, Delaware 19706
Phone: 302-834-4573 Fax: 302-832-5545

**IDEMNITY AND HOLD HARMLESS AGREEMENT
BETWEEN THE CITY OF DELAWARE CITY AND APPLICANT**

Event: Delaware City Day

Date: Saturday, October 7, 2023

The City of Delaware City ("Delaware City") issued a permit (the "Permit"), on _____, allowing Applicant to conduct the activities described therein. In consideration for the activities permitted in and authorized by the Permit,¹ Participant agrees, at Participant's sole cost and expense, to defend, indemnify and hold harmless Delaware City and its agents, directors, officers, officials, and employees (the "Delaware City Indemnities"), from and against any and all claims, demands, suits or any other action, losses, liability, damages, costs and/or expenses (including, but not limited to attorneys' fees, expenses, and costs) arising out of any activity relating to the Permit or the activities authorized by the Permit.

The provisions hereof shall insure to the benefit of, and shall be binding upon the successors, assigns and representatives of each of the undersigned parties.

IN WITNESS WHEREOF, Delaware City and Participant have executed or caused this Indemnity and Hold Harmless Agreement to be duly executed as of the date signed.

¹ The Permit is incorporated herein by reference

City Representative:

Participant:

City of Delaware City-City Manager (signature)

Participant (Applicant's signature)

Date: _____

Date: _____

Participant's Printed Name

Name of Organization

Contact Phone Number

Organization/Participant Name: _____

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

REMINDER: WE NEED YOUR PROOF OF INSURANCE FOR MOTORIZED VEHICLES

Organization/Participant Name: _____

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

Drivers (If applicable)

Name

Cell Phone Number

Address

City State Zip Code

Drivers (If applicable)

Name

Cell Phone Number

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REMINDER: WE NEED YOUR PROOF OF INSURANCE FOR MOTORIZED VEHICLES