



PARK CITY MUNICIPAL CORPORATION
Special Event Indemnification Agreement

This Indemnification Agreement must be completed and returned to the Special Event Manager at least ten (10) working days prior to the event or the event will be cancelled.

PLEASE PRINT:

Name of Event Permittee (applicant's business, organization or individual name)

Name of Special Event

Date(s) of Event

Each person signing this Agreement represents and warrants that: 1) he or she is duly authorized and has legal capacity to execute and deliver this Agreement on behalf of the Event Permittee; 2) the execution and delivery of the Agreement and the performance of the Event Permittee's obligations hereunder have been duly authorized; and 3) the Agreement is a valid legal agreement and binding on the Event Permittee and is enforceable in accordance with its terms.

Each person signing this Agreement represents and warrants to Park City Municipal Corporation that the Event Permittee has insurance coverage in place that: 1) covers the scope of activities associated with this event, and 2) the insurance coverage limits meet or exceed the coverage specified and required to obtain this permit.

For and in consideration of the issuance of this permit by Park City Municipal Corporation (PCMC) authorizing the use of City streets and/or City owned or other public property for use by the Special Event, Event Permittee hereby agrees to indemnify and defend PCMC, together with its officers, agents, servants, employees, PCMC event volunteers and their successors, from and against all claims, loss, or demands for damages, including claims for loss of life, personal injury or wrongful death and/or damage to property arising out of the conduct of the Special Event and further agrees that Event Permittee shall indemnify PCMC irrespective of whether the scope or limits of Event Permittee's insurance policies adequately cover any of the aforementioned claims or demands, except for any claim arising out of the sole negligence or willful misconduct of the City or its employees.

EVENT PERMITTEE

Date:

By:

Print Name:

Address:

Phone Number: