



# City of Alachua Special Event Permit Indemnification & Hold Harmless Agreement

The City reserves the right to cancel a Special Event Permit (Permit) at any time with cause. The applicant, by signing below, hereby agrees to indemnify and hold harmless the City of Alachua if this permit is revoked. Further, the City of Alachua will not be responsible for any cost associated with the revocation of the Permit.

The applicant shall defend, indemnify, and hold harmless the City of Alachua from and against any and all liability, losses, damages, claims, demands, expenses, fees, fines, penalties, suits, proceedings, actions, and cost of actions (including attorney's fees), of whatsoever kind or nature arising out of the event is permitted by the City, any act or omission of the applicant or its agents, servants, employees, independent contractors, customers, patrons, or invitees whether on the site or elsewhere.

The City of Alachua shall not be liable to the applicant or its agents, representatives, invitees, or employees, or any other person for any injury to or death of any of them, or for any damages to any of the applicants property or loss of revenue, caused by any third persons, whether the injury, death, or damage is due to negligence or not.

I/We, the applicant(s) hereby acknowledge that I/We have read the City of Alachua Special Event Policy & Procedures Guide. I/We the applicant(s) further agree to reimburse the City for the cost of City Services incurred as a result of this event to include: Police, Recreation, Public Works and lease of public property and/or property maintained by the City of Alachua. I/We the applicant(s) hereby agree that all the information provided in the application is true and correct and further agree to the indemnification and hold harmless agreement outlined above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*\*\*

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_ as identification.

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary Public, State of \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Approved by: _____ City Manager, City of Alachua	Date: _____

City of Alachua Department of Planning and Community Development  
PO Box 9 ♦ Alachua, FL 32616 ♦ (386) 418-6120