**DICKINSON COUNTY FACILITY USE FORM**

**Date of Reservation**:

**Time:**

**Place:**

**Group Name or Sponsor**:

**Group Size:**

**Activity:**

**Contact Person:**

**Will alcohol be served? If yes, copy of liquor license must accompany this form.**

**Insurance Company:**

**Amount of Insurance**:

Copy of Insurance Binder and Liquor License, if applicable, **must be provided prior to event.**

**INDEMNIFICATION AGREEMENT**

 SPONSOR agrees to defend, indemnify and hold harmless the County of Dickinson and its agents from any claim, demand, suit, loss, cost or expense, or any damage which may be asserted, claimed or recovered against or from the County of Dickinson by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost or expense is caused in whole or in part by the negligence of  SPONSOR or by third parties, or by the agents, servants, employees or factors of any of them.

Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Board of Commissioners at its regular meeting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.