

Name and Address (print)

## City of Mountain View

## COMMUNITY SERVICES DEPARTMENT • RECREATION DIVISION

201 South Rengstorff Avenue • Mountain View, California 94041 650-903-6331 • FAX 650-962-1069

## WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I,, request to be permitted on the
I,, request to be permitted on the City of Mountain View's property at the below location: (check one)
☐ Rengstorff House, ☐ Historic Adobe, ☐ Senior Center, ☐ Community Center
On the date(s) of: (include the following day if on site past midnight) To provide the following service: hereinafter "Work".
In consideration of the City of Mountain View (hereinafter "City") allowing the use of the property for the Work described above, I agree to the following conditions:
I hereby hold City harmless and hereby waive, release and discharge any and all claims for loss or damage of any kind, including, but not limited to, death, personal injury, bodily injury and/or property damage which I have or which hereinafter may accrue to me against the City, its officers, officials, employees and volunteers for any and all liability arising out of or connected in any way with the Work.
In addition, I agree to defend, indemnify, and hold harmless City, its officers, officials, employees and volunteers from any liability for claims, losses, demands, injury, damages or actions by third parties that arise out of or relate to my participation in the Work on my own behalf or on behalf of a client.
I also agree that in the event of a loss due to the Work, I shall look solely to my own insurance coverage for recovery. My insurance coverage is primary and noncontributory. I further agree to waive any right of subrogation against the City by any such insurer I may have contracted with for payment of any loss under such insurance.
If I will use a photograph, video, or likeness of a person in which the face is clearly recognizable, I will obtain a photograph release signed by the individual, or by their guardian, if the person is under 18 years of age. It is my sole responsibility to obtain and retain this release documentation.
It is further understood and agreed that this waiver, release and indemnification agreement has been freely entered into and is binding on myself, my heirs and assigns. By my signature below, I acknowledge that I have read this document and understand its contents and obligations.
THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY BEFORE SIGNING
Signature Date

Phone Number