



City of Valley City, North Dakota Parade

TODAY'S DATE: _____
NAME OF APPLICANT/ORGANIZATION: _____
NAME OF EVENT: _____
DATE OF EVENT: _____ TIME: _____
PARADE ROUTE: _____ PROVIDE MAP _____
CONTACT PERSON: _____ PHONE #: _____
CONTACT EMAIL: _____

INDEMNIFICATION AGREEMENT

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF ANY DAMAGE TO THE PROPERTY.

I AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS THE CITY OF VALLEY CITY, ITS AGENCIES, OFFICERS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OF ANY NATURE, INCLUDING COSTS, EXPENSES, AND ATTORNEYS' FEES, WHICH MAY IN ANY MANNER RESULT FROM OR ARISE OUT OF THIS AGREEMENT.

I ALSO AGREE TO INDEMNIFY, SAVE, AND HOLD THE CITY OF VALLEY CITY HARMLESS FROM ALL COSTS, EXPENSES, AND ATTORNEYS' FEES INCURRED IN ESTABLISHING AND LITIGATING THE INDEMNIFICATION COVERAGE PROVIDED HEREIN.

I HAVE READ AND AGREE TO THESE CONDITIONS

SIGNATURE: _____ DATE: _____

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

For City Use:

Map Attached _____

Copy of application to: Police Department _____ Street Department _____

Date approved by City Commission: _____