



City of Valley City, North Dakota Special Event Application

This application must be submitted at least seven days prior to event and will be reviewed and approved by the City Auditor's Office.

NAME OF ORGANIZER: _____

CONTACT INFO: _____

ORGANIZATION REPRESENTED: _____

NAME OF EVENT: _____

DATE OF EVENT: _____ **START TIME:** _____ **END TIME:** _____

WHERE THE EVENT IS BEING HELD (if walk/run type event, please provide map of course):

SHORT DESCRIPTION OF EVENT: _____

**Use of a City Parcel requires: License Agreement for the use of Public Property.*

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
220 3rd St. NE
Valley City, ND 58072
Email: tplecity@valleycity.us **Phone:** (701) 845-1700

Office Use Only:

Police Officer Signature: _____ **Date** _____

Fire Chief Signature: _____ **Date** _____

Notified City Commission & City Administrator: _____ **Date** _____