



City of Valley City, North Dakota Parade

NAME OF APPLICANT/ORGANIZATION: _____

NAME OF EVENT: _____

DATE OF EVENT: _____ TIME: _____

PARADE ROUTE: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

TODAY'S DATE: _____

INDEMNIFICATION AGREEMENT

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

_____ AGREES 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.

_____ ALSO AGREES 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
P. O. Box 390
Valley City, ND 58072
Phone: (701) 845 – 1700
Fax: (701) 845 – 4588
Email: brandy.johnson@valleycity.us

Copy of application to: Police Department _____ Street Department _____
Date approved by City Commission: _____