



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

For City Use

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