



Morris County Park Commission

300 Mendham Road | P.O. Box 1295 | Morristown, New Jersey 07962-1295

Telephone: 973.326.7600 | TTY Relay: 7-1-1

www.morrisparks.net

The person whose name and signature appear below, or the entity on behalf of which said person is executing this form (the “Indemnifying Party”), shall indemnify, defend, save and hold the Morris County Park Commission, the County of Morris, the Board of County Commissioners, their employees, agents, Commissioners, professionals, assigns and volunteers (collectively “Morris County”) harmless from and against any and all claims, losses, penalties, damages, settlement, costs, charges, professional fees (including attorney’s fees and related costs) and other expenses or liabilities of any nature whatsoever including, without limitation, the investigation and defense of any claims, arising out of relating to the activities listed above, or any other use of Morris County parks or facilities, including, without limitation, claims for damage, or loss that are attributable to bodily injury, sickness, disease or death, or to injury or to destruction of tangible property including the loss of use resulting therefrom, and are caused in whole or in part by any act or act of omission of the Indemnifying Party or their exhibitors, vendors, volunteers, agents or anyone directly or indirectly employed or affiliated in a manner therewith, including any claim by an employee, vendor, supplier or agent of the Indemnifying Party, regardless of whether any such damage or loss is attributable in part to a party indemnified hereunder. In any and all claims against Morris County by any employees of the Indemnifying Party, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this agreement shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Indemnifying Party under worker’s compensation acts, disability benefit acts or other employee benefit acts.

Individual (Print)

Signature

Title

Renter Name

Date Signed

Purpose of Event

Location of Event

Date of Event