

Facility Use and Indemnity Agreement

Event/Activity _____

Event date(s) _____ Event time(s): _____

Organization _____ Responsible Person _____

Mailing Address _____

Email _____ Phone _____

As a material part of the consideration for permitting the above Organization to use the facilities/areas of Summerfield Waldorf School and Farm (SWSF), the Organization and Responsible Person listed above agree as follows:

It is agreed that the Organization shall defend, indemnify and hold harmless Summerfield Waldorf School and Farm, its officers agents and/or employees for any and all claims for injuries to persons and/or damage to property which arise out of the terms of and conditions of this Agreement and which result from the negligent acts or omissions or willful misconduct of the School, its students, agents, or employees.

It is further agreed that Summerfield Waldorf School and Farm shall defend, hold harmless, and indemnify the Organization, its officers, agents and/or employees for any and all claims for injuries to persons and/or damage to property which arise out of the terms and conditions of this Agreement and which result from the negligent acts or omissions or willful misconduct of Summerfield Waldorf School and Farm, its officers, agents and/or employees.

*The Organization shall provide and maintain comprehensive liability insurance during the period covered by this agreement insuring SWSF and the Organization against liability for bodily injury (including death) and property damage from occurrences on or about the premises or the use or the condition thereof, with a per occurrence limit of at least \$1,000,000. Such insurance shall be primary and be evidenced by a Certificate of Insurance. **The Organization must provide a Certificate of Insurance naming Summerfield Waldorf School and Farm as an additional insured at least 5 days before the date of the Event/Activity.***

The certificate may be emailed to Andrea Trinei, andrea@summerfieldwaldorf.org, or faxed to her attn.: at (707) 575-7673.

Organization: _____, By _____
Signature

Responsible Person: _____, Title: _____

Signature: _____

Date ____/____/____