

Minisink Valley Central School District  
PO Box 217, Slate Hill, New York 10973  
Office of the Superintendent

INDEMNIFICATION AGREEMENT

This agreement, along with the appropriate certificate of insurance, must be submitted to the **Minisink Valley Central School District** office at least 60 days prior to initial requested date of use. The **Minisink Valley Central School District** reserves the right to reassign your scheduled activity in case of conflict.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Responsible Official: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, the undersigned responsible official, state that I am authorized to sign this agreement on behalf of the above organization and bind said organization to the statements, representations and agreements set forth. I will assume complete responsibility on behalf of the organization which I represent and both the organization and I fully accept the rules and regulations of the **Minisink Valley Central School District**, including insuring reimbursement to the **Minisink Valley Central School District** for all legitimate fees and charges which may be assessed and for any damage done to the **Minisink Valley Central School District** property as a result of the above organization's use of the same. Additionally, both the above organization and I hereby agree to the fullest extent of the law, to indemnify, defend and hold the **Minisink Valley Central School District** and their agents and employees harmless from and against any and all claims, liabilities, lawsuits, actions and proceedings which may arise from or in connection with the use of the **Minisink Valley Central School District** facilities by the above organization.

It is further agreed that the **Minisink Valley Central School District** has the Absolute Right of Cancellation without liability if the facility is unavailable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please return this agreement along with the appropriate certificate of insurance which named the Minisink Valley Central School District Additional Insured, to the Minisink Valley Central School District office, attention Lisa Frost.**