

TOWNSHIP OF WEST EARL, LANCASTER COUNTY, PA.
PROCESSION, ASSEMBLAGE, PARADE AND EVENT
HOLD HARMLESS/INDEMNIFICATION AGREEMENT

KNOW ALL MEN BY THESE PRESENTS THAT:

For, in consideration of the Township of West Earl issuing a permit for procession, and Assemblage, Parade or Event, I _____ (Applicant), hereby agree to hold the **Township of West Earl**, its agents and employees, harmless from any and all actions, causes of actions, claims, damages, costs, loss of services, attorney fees, expenses and compensation on account of, or in any way arising out of any and/or all event(s) during the _____ (Procession, Assemblage, Parade or Event) held on _____, at _____ West Earl Township, Lancaster County, Pennsylvania; and further agree to indemnify the **Township of West Earl, its Agents, and Employees**, against any loss as a result of claims of persons or Entities arising from the conducting of such event.

I do hereby further remise, release and forever discharge the Township of West Earl, its employees and agents of and from any and all liability, claims, causes of action, damages, costs, expenses or demands of any kind whatsoever in law or in equity arising or which may arise out of in any way connected and relating to the aforesaid event.

IN WITNESS WHEREOF, the above named intending to be legally bound, has executed this Hold Harmless and Indemnification Agreement this _____ day of _____, 20____.

Applicants Signature

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public

PROCESSIONS, ASSEMBLAGES, PARADES, AND EVENTS

An application for a Special Event permit shall be submitted to the township. Attach additional sheets of paper where necessary to respond.

1. Location of Event: _____

2. Purpose of Event: _____

3. Requested Date(s) and Time(s) for this Event are as follows:

4. Route to be traveled, the starting point and termination point of event. A statement as to whether the event will occupy all or only a portion of the width of the street proposed. Include a copy of proposed route and /or map including assembly and disbanding area and specific details.

5. Proof of comprehensive general liability insurance in the amount of One Million Dollars (\$1,000,000.00), naming the Township of West Earl as an additional insured.

Contact Person _____ Phone: _____

Address: _____

Board of Supervisors:

Approve Disapprove Date: _____

Special Conditions: (if applicable) _____
