

INDEMNIFICATION

Instructions: This form must be completed and on file prior to the commencement of any related activities by the individual, group, or organization involved.

Residents, groups and organization are expected to comply with all policies, rules and regulations set forth by the Board of Trustees of the Kent Public Library, and any State or Federal Law. As such, I understand that any violation thereof may result in the prohibition of my/our future use of the Library's facilities, or, if applicable, the assessment of civil or criminal penalties in accordance with State and Federal laws.

Further, I understand that by using the Library's facilities, I agree to release the Kent Public Library, its agents and employees, from and against any and all liability, loss, damages, suits, claims or actions, to the maximum extent permissible by law, arising out of such use. Further, I hereby agree to defend, indemnify, and save harmless the Library from and against any and all liability, loss, damage, suit, claim, demand, costs, attorney's fees, and expenses of whatever kind or nature which the Library may directly or indirectly incur, suffer or be required to pay by reason or in consequence to the intentional or negligent act or omission of

Name of Organ	nization	
its agents, emp	ployees, or contractors.	
Signed By:		
Address:		
Phone:		
Email:		