HOLD HARMLESS AGREEMENT

BETWEEN THE MUNICIPALITY OF HAWTHORNE

AND

Name of Organization using the Facility

Address of the Organization

Telephone Number of the Organization

In consideration of the use of Municipal Pool Grounds on September 27, 2025 for the purpose of HAWTHORNE DAY the undersigned agrees to indemnity and Hold the municipality of HAWTHORNE and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also requires that the municipality of HAWTHORNE is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to. Unless waived in writing by municipality of HAWTHORNE I agreed to furnish a Certificate of Insurance specifically naming the municipality of HAWTHORNE as additional insured providing general liability coverage including, bodily injury and property damage with minimum limits not less than $1,000,000. In order to induce the municipality of HAWTHORNE to accept this Hold Harmless Agreement, the following information concerning the intended use of the premises is furnished:

a. Alcoholic Beverages (will) or (will not) be served.
b. Total number of persons anticipated is____
c. Live entertainment (will) or (will not) be provided.
d. Other

This Agreement shall remain in full force and effect for any continued, additional or postponed date for the event indicated.

The municipality reserves the right to cancel or interrupt the event if the representation set forth therein are not adhered to or if the municipality determines that a situation that might lead to personal injury, property damage or violation of law exists.

Signed this _____ day of _____ 2025 as

the binding act in deed of _____
                                    Name of Organization

                                    _____
                                    Authorized Signature

_____   _____
WITNESS   Print Authorized Name/Title