

**THE VILLAGE OF NEWTOWN
FACILITY/GROUNDS USAGE AGREEMENT**

NAME OF FACILITY/GROUNDS: _____
DATE OF RESERVATION: _____
RESERVATION SECURED: _____
RENTAL FEES DUE: _____

<input type="checkbox"/>	Alcohol Served
<input type="checkbox"/>	Alcohol Sold
<input type="checkbox"/>	Vendor

NAME OF INDIVIDUAL/GROUP: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE #: _____
ACTIVITY: _____
PERSON IN CHARGE: _____
DRIVERS LICENSE #: _____

NAME OF INSURANCE COMPANY (\$1,000,000 MIN.): _____

NOTE: The Village of Newtown is to be listed as an Additional Insured on the Certificate of Insurance (COI) and a copy must accompany this signed agreement.
A copy of the driver's license of the person in charge must accompany this form.

INDEMNIFICATION AGREEMENT

THE/I _____ AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE VILLAGE OF NEWTOWN FROM ANY CLAIM, DEMAND, SUIT, LOSS, COST OF EXPENSE, OR ANY DAMAGE WHICH MAY BE ASSERTED, CLAIMED OR RECOVERED AGAINST OR FROM THE VILLAGE OF NEWTOWN BY REASON OF ANY DAMAGE TO PROPERTY, PERSONAL INJURY OR BODILY INJURY, INCLUDING DEATH, SUSTAINED BY ANY PERSON WHOMSOEVER AND WHICH DAMAGE, INJURY, OR DEATH, ARISES OUT OF OR IS INCIDENT TO OR IN ANY WAY CONNECTED WITH THE PERFORMANCE OF THIS CONTRACT, AND REGARDLESS OF WHICH CLAIM, DEMAND, DAMAGE, LOSS, COST OF EXPENSE IS CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF _____, THE VILLAGE OF NEWTOWN, OR BY THIRD PARTIES, OR BY THE AGENTS, SERVANTS, EMPLOYEES OR FACTORS OF ANY OF THEM.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE TERMS OF THE ABOVE AGREEMENT.

SIGNATURE: _____ DATE: _____
VILLAGE OF NEWTOWN
WITNESS: _____ DATE: _____

3537 Church Street Newtown, Ohio 45244 (513) 561-7097 ~ Fax (513) 561-7555