

Mayor Russell B. Brinsfield

Commissioners:
Gregory M. Cusick
Pamela R. Travers

Clerk:
Marcia H. Gosnell



Vienna, Maryland

Town Of Vienna
P.O. Box 86
214 Market Street
Vienna, MD 21869
Fax: 410-376-3892
Phone: 410-376-3442
Email:
viennamd@dmv.com

INDEMNITY/HOLD HARMLESS AGREEMENT

BOAT SLIP RENTAL – RE: BOAT SLIP NUMBER _____

DOCUMENT CONCURRENT WITH BOAT SLIP RENTAL - VALID BEGINNING MAY OF ONE YEAR AND EXTENDING THRU THE LAST DAY OF APRIL THE FOLLOWING YEAR.

To the fullest extent permitted by law, the **UNDERSIGNED INDIVIDUAL/INDIVIDUALS (hereafter known as individual singular or plural)** agrees to indemnify and hold **THE TOWN OF VIENNA (hereafter known as The Town)** its elected and appointed officials, employees, and volunteers and others working on behalf of **THE TOWN,** harmless from and against all loss, cost, expense, damage, liability or claims, whether groundless or not, arising out of the bodily injury, sickness or disease (including death resulting at any time therefrom) which may be sustained or claimed by any person or persons, or the damage or destruction of any property, including the loss of use thereof, based on any act of omission, negligent or otherwise, of the **INDIVIDUAL,** or anyone acting on the **INDIVIDUAL'S** behalf in connection with or incident to the scheduled BOATING SEASON FROM MAY OF ONE YEAR EXTENDING THRU THE LAST DAY OF APRIL THE FOLLOWING YEAR, except that the **INDIVIDUAL** shall not be responsible to **THE TOWN** on indemnity for damages caused by or resulting from **THE TOWN'S** sole negligence; and the **INDIVIDUAL** shall, at **THE INDIVIDUAL'S** own cost and expense, defend any such claims and any suit, action, or proceeding which may be commenced there under, and the **INDIVIDUAL** shall pay any and all judgments which may be recovered in any suit, action or proceeding, and any and all expense including, but not limited to costs, attorney's fees and settlement expenses, which may be incurred therein.

INDIVIDUAL SIGNATURE: _____

Authorized signature: _____

Address: _____

Cell Phone: _____ **Date:** _____

Authorized Signature Town of Vienna: _____

Telephone Town of Vienna 410-376-3442 or _____ **Date** _____