Public Meeting Room Use Application

Please print information unless otherwise indicated



Applicant (Group/Organization	n):		
Contact Name:			
Purpose of Meetings/Events:			
Address (Address, City, ST, Zi	ip):		
Phone:	Email:		
Representative (Responsible p	arty present at event and signin	g below):	
Representive Phone:	Representat	tive Email:	
	Indemnity and Hold Ha	rmless Agreement	
District No. 1 of Clallam Courevery claim and risk, including and all losses, damages, dema account of all personal bodily occasioned in whole or in partites members or guests, except its officers, or employees. Ap	anty (the "District"), and its offig but not limited to suits or prands, suits, judgments and attor injuries or losses, including of the use of the Donly for those losses resulting oplicant's duty to defend, inder	nify, defend, and hold harmless Public Utility ficers and employees, from and against any and roceedings for bodily injury or loss, including death, orney fees, and other expenses of any kind, on death, and property damages of any kind, caused or District's public meeting room(s) by the Applicant and g solely from the gross negligence of the District, mnify and hold harmless the District shall include osts and all other claim-related expenses.	
		esents that he/she has the authority to bind the agreement on behalf of the Applicant and its	
_	provisions therein, and accept	ne rules for public use of the District's public meeting ts responsibility for the Applicant's use of the	
Representative Signature:		Date:	
	CLALLAM PUD I	USE ONLY	
, ,	Č .	above to use the District's public meeting rooms for ect to the District's Public Meeting Room Use Rules	
By (Signature):	Date:		
Title:	Applica	Application Expiration (2 years after approval):	