

COUNTY COMMISSION MEETING ROOM

INDEMNIFICATION FORM

As the individual or the authorized representative of the organization making the reservation, I agree to indemnify and hold harmless the Jefferson County Commission, its agents and representatives, from any and all lawsuits, action, claims or demands of any character or nature arising out of or brought on account of injuries or damages sustained by any person(s) as a consequence or result of using the meeting room, its furnishings or its equipment.

Person Making Request: (printed): _____

Signature of Person Making Request: _____ Date: _____

Contact Person: _____
(If other than the representative signing above)

Representative's Address: _____

Telephone: _____ Fax: _____

E-mail: _____