EXETER TOWNSHIP HOLD HARMLESS
AND INDEMNIFICATION AGREEMENT

LORANE HOLLOW

AND NOW, this _____ day of _____, 20___, the undersigned, for himself/herself/itself, and for and on behalf of his/her/its directors, members, officers, employees, representatives, agents, servants, heirs, executors, administrators, and assigns ("Indemnitor"), for adequate consideration acknowledged and received, and intending to be legally bound, agrees as follows:

1. Indemnitor shall indemnify, defend, and hold harmless Exeter Township (the "Township") and its Supervisors, employees, representatives, agents, servants, officers, and directors, from and against any and all claims, suits, judgments, and/or demands of whatever kind (including without limitation, actual litigation expenses incurred, attorneys' fees, and costs) for injury to person or property, including property damage, arising out of, or relating in any way to, Indemnitor's use of the Lorane Hollow Park Pavilion – Small, Reading, Berks County, Pennsylvania ("Lorane Hollow"), regardless of whether such injury is caused by, or alleged to have been caused in whole or in part by, the negligence, gross negligence, or willful and/or intentional conduct of the Township and/or its Supervisors, employees, representatives, agents, servants, officers, and directors.

2. Indemnitor shall, at the option of the Township, defend the Township, its Supervisors, employees, representatives, agents, servants, officers, and directors with appropriate and competent legal counsel, and shall further bear all costs and expenses, including the expense of counsel and any required expert witnesses/consultants, in the defense of any suit arising hereunder.

3. Undersigned represents and warrants that he or she is authorized to sign this Hold Harmless And Indemnification Agreement and, in the event of an entity, authorized to bind such entity to the terms hereof.

Signature: _____

Name/Title: _____

Group/Entity: _____

Date of reservation: _____

Hours of expected use: _____

Facility being requested: _____