

California State University, San Bernardino

5500 University Parkway • San Bernardino, CA 92407

Please fax completed form to Event Scheduling: 909-537-7076

Hold Harmless Agreement

Name of Organization:			
Facility Scheduled:			
Date(s) of Activity:			
Start Time: 🗖 a	am 🗖 pm	End Time:	am pm
Type of Activity:			
Estimated Attendance:			
In consideration for the use of facil auxiliaries, the undersigned and/or	lities of the Calit	Fornia State University, S	San Bernardino or any of its
(name of organiza	tion and/or indiv	ridual applying for use of	f facilities)
hereinafter called Contractor, agree California State University and the University, from any and all loss, of any cause other than the sole neg connected with the above named acconnected	eir officers, agen damage, or liabi gligence of the	ts, employees and volun lity that may be suffered University which arises	teers, hereinafter called the d or incurred resulting from s out of or is in any way
I agree to provide a certificate of University facilities. I also agree to California State University fee sche	pay a use fee f		_
The terms and conditions here in all hereby certifies that he/she is an organization.	-	11	0 1
Name		Address	
Signature		City/State/Zip	
Date		Telephone Number(s)	