

## 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:	<b>a</b> m	□ pm	End Time:	□ am □ pm
Type of Activity:				
Estimated Attendance: _		_		
In consideration for the us auxiliaries, the undersigne		of the Calif	ornia State University, S	San Bernardino or any of its
(name of	`organization	and/or indiv	idual applying for use o	f facilities)
California State Universit University, from any and	y and their of all loss, dama sole neglige	fficers, agent age, or liabil ence of the	s, employees and voluntity that may be suffered University which arise	rmless the Trustees of the ateers, hereinafter called the d or incurred resulting from es out of or is in any way ribed.
-	o agree to pay	y a use fee f		o using the California State ordance with the established
		-		red. The undersigned person esentative of the requesting
Name			Address	
Signature			City/State/Zip	
Date			Telephone Number(s	)