

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

BETWEEN THE CENTER FOR MODERN AGING PRINCETON (DBA)

PRINCETON SENIOR RESOURCE CENTER

101 Poor Farm Road, Bldg. B, Princeton N.J. 08540

(Referred to as "CMAP")

AND

Orgai	nization or Individual's Name (referred to as "You'
	Address (Not Post-Office Box)
	Telephone Number and Email Address



- 1. In consideration of the permission granted to use certain rooms of the Center for Modern Aging Princeton (DBA) property located at 101 Poor Farm Road, Bldg. B, Princeton N.J. 08540 and or the Suzanne Patterson Building located at 45 Stockton Street, Princeton N.J. 08540 (referred to as the facilities) as well as the payment of any fee, You agree to indemnify, hold harmless and defend CMAP, its Board Members, its employees, agents, volunteers, and all others working on behalf of CMAP from all liability, claims, losses, costs, attorneys' fees, damages, or injury arising out of or caused or alleged to have been caused in any manner from the event/activity as applied for by You.
- 2. The undersigned further understands and acknowledges that this Hold Harmless and Indemnification Agreement requires that CMAP be indemnified from any losses or damages including but not limited to any and all liability, claims and/or litigation or other actions that You or any person or entity may have for injuries of any kind including but not limited to the provision of legal counsel, direct, special, incidental, indirect, punitive, or consequential damages, whether arising in tort, contract or arising out of use of CMAP's facilities, even if caused by the negligence or fault of CMAP or any related entities or other authorized agents, including independent contractors resulting from the acts or omissions of any guest, participant, visitor, or any other person present at the CMAP facilities to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held by You. This Hold Harmless and Indemnification Agreement shall also pertain to any claims due to CMAP 's negligence. You further agree to release any claim that You may now have or have in the future against CMAP relating to Your use of CMAP's facilities, including claims due to CMAP's negligence.



4.	Assumption of Risk: This use of th	e facilities has with it certain inherent		
	dangers and risks that cannot be eliminated regardless of the care taken to			
	avoid injuries, accidents, or illnesses (including death), and damage to			
	property. The	(Organization Name)		
	specifically acknowledges that CMAP has made no representations as to the			
	safety and/or condition of the fac	ilities to be used, whether those conditions		
	are known or unknown.			

- 5. The undersigned further agrees to furnish CMAP with a Certificate of Insurance naming the Center for Modern Aging Princeton (DBA) as an insured party. The Certificate of Insurance must evidence the provision of general liability, bodily injury, and property damage coverage with minimum limits of liability not less than \$1,000,000, and for any aggregate occurrence in the amount of \$2,000,000. To induce CMAP to accept this Hold Harmless and Indemnification Agreement, and Waiver, you completed CMAP's Reservation Form attached herewith and paid a fee of \$_______.
- 6. You further agree that the use of the CMAP facilities and all related activities will not include the consumption of alcoholic beverages, excepting wine and beer. Consumption of alcoholic beverages with the exception of wine and beer is strictly prohibited at CMAP's facility.
- 7. No Smoking is permitted in the facilities at any time.
- 8. Parking of vehicles is permitted only in marked spaces in parking lots; parking along curbs is prohibited.
- 9. Severability and Choice of Law: The undersigned further expressly agrees that the foregoing agreement is intended to be as broad and inclusive as is permitted by New Jersey law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. You further agree that this release shall be governed for all purposes by New Jersey law, without regard to such law on choice of law.



10.	Acknowledgment a	nd Understanding: The undersigned, as an
autl	horized representative	of(Organization
		ver of liability, assumption of risk, and
inde	emnification agreeme	nt, fully understand its terms, and You are giving up
sub	stantial rights, includi	ng the right to sue. You acknowledge that You are
sigr	ning this agreement fro	eely and voluntarily on behalf of requesting
org	anization, and You into	end your signature to be a complete and
unc	onditional release of a	ll liability.
11.	Applicable to Orga	nizations Only: By signing below, you represent
that	t You have the authori	ty to act on behalf of the
	0	rganization and that Your signature shall bind
the	Organ	ization to the terms of this Agreement.
Witness: _		
	(Sign name)	
Witness:		
	(Print name)	
(Nan	ne of Organization)	
(ITGII	ne or organization,	
/ ^		
(Au	thorized Signature)	
	*	
(Pri	int Name & Title)	