



STATEMENT OF APPLICANT
WAIVER AND HOLD HARMLESS

The undersigned hereby covenants and agrees to hold the Moreno Valley Community Services District and all those related to the City of Moreno Valley, California ("the City"), and the officers, agents and employees thereof, free and harmless from any and all loss, damages, liability, and expenses which may arise in whole or in part out of the use of the Moreno Valley Community Services and the City of Moreno Valley property. The applicant agrees to furnish such liability or insurance for the protection of the public and the Moreno Valley Community Services District and the City of Moreno Valley as the City of Moreno Valley may require.

I, the undersigned hereby certify that I will be personally responsible on behalf of the applicant for payment of all charges assessed for use of the specified premises and for any damages sustained by the area used, its equipment, building, or grounds occurring through the occupancy or use of said building and/or grounds by the applicant.

I hereby certify that I have read and understand the regulations, conditions, and terms of facility use and that I and the applicant whom I represent, will abide by them and will conform to all applicable provisions of the constitution and laws of California and to all other directives of Moreno Valley Community Services District and the City of Moreno Valley and its authorized agents which may be communicated to the applicant.

The undersigned hereby waives any and all rights, if any, which the undersigned may possess to recover from Moreno Valley Community Services District and the City any compensation, reimbursement or other award under the Workers Compensation laws of the State of California.

Note: The person signing this application and the statements above must be a member of the sponsoring organization. If the person signing is not an officer of the organization for whom the application is made, he must present written authorization from the applicant group to sign the foregoing application.

SIGNATURE: _____

PRINTED NAME: _____

DATE SIGNED: _____

This statement of Applicant Waiver and Hold Harmless applies to time period:

_____ to _____
DATE DATE

Staff Person Approval