



# ROMOLAND SCHOOL DISTRICT

25900 Leon Road, Homeland, CA 92548  
Phone: 951.926.9244 ♦ Fax: 951.926.2170

**Trevor J. Painton**  
*Interim Superintendent*

**Vacant**  
*Assistant Superintendent*

**Carol L. Cole**  
*Chief Business Official*

**John Murray**  
*Director of Human Resources*

**Vince Butler**  
*Chief Technology Officer*

## Hold Harmless and Indemnification Agreement

Notwithstanding any insurance coverage which may be in effect, and in addition to any additional undertakings referred to herein, Applicant and its Participant(s) agree at all times to protect, indemnify, and hold Romoland School District, its Board of Trustees, officers, members, representatives, agents, guests, invitee, and/or employees free and harmless, and to provide legal defense, from any and all liabilities, claims, losses, judgments, damage, demands or expenses resulting from the Applicant's and its Participant(s)'s use or occupancy of the District's facilities and/or the active or passive negligence of the Applicant and/or its Participant(s) or of the District, its Board of Trustees, officers, members, representatives, agents, guests, invitee, and/or employees, specifically including, without limitation, any liability, claim, loss, judgment, damage, demand, or expense, arising by reason of:

1. the loss of or damage to any of the District's facilities including any building, structure, or improvement thereon, or any equipment to be used therein;
2. the injury to or death of any person including, but not limited to, the officers, members, representatives, agents, guests, invitee, and/or employees of the Applicant and/or its Participant(s) or of the District; or
3. damage to any property arising from the use, possession, selection, delivery, return, condition or operation of the District's facilities. Applicant and/or its Participant(s) further agree to reimburse the District for all liabilities, claims losses, judgments, damage, demands, expenses, fines, penalties, including reasonable attorney's fees imposed or incurred by the District because of the Applicant's and/or its Participant(s)'s use or occupancy of the District's facilities and/or active or passive negligence of the Applicant and/or its Participant(s) or of the District, its Board of Trustees, officers, members representatives, agents, guests, invitee, and/or employees.

**EVENT:** \_\_\_\_\_  
**DATE OF EVENT:** \_\_\_\_\_  
**LOCATION OF EVENT:** \_\_\_\_\_

**This specified event/activity is not District sponsored.**

*I understand and acknowledge that this event and/or activities, by their very nature, pose the potential risk of serious injury / illness to individuals who participate in such activities. I understand and acknowledge that participation in these activities is completely voluntary and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.*

*(Please make copies if more space is needed.)*

<b>Applicant Name / Authorized Representative</b> (Please Print)	Participant Name (Please Print)
<b>Applicant / Representative Signature</b>	Participant Signature
<b>Date</b>	Date
Participant Name (Please Print)	Participant Name (Please Print)
Participant Signature	Participant Signature
Date	Date
Participant Name (Please Print)	Participant Name (Please Print)
Participant Signature	Participant Signature
Date	Date
Participant Name (Please Print)	Participant Name (Please Print)
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