

CITY OF BAYONNE

**BLOCK PARTY WAIVER, RELEASE, DISCHARGE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Organizer/Group: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_

**ON BEHALF OF THE ABOVE EVENT/GROUP**, I expressly **WAIVE, RELEASE** and **DISCHARGE** the **CITY OF BAYONNE**, it's officers, agents and employees or any other person from **any and all LIABILITY** for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may occur to myself or members of my organization/group or our heirs in connection with our participation in the above-described event.

I hereby represent and warrant that all applicable CDC and/or State of New Jersey COVID-19 guidelines, restrictions, mandates and/or orders regarding public events and social distancing will be followed during this event.

I fully understand and acknowledge that the **CITY OF BAYONNE** is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly **INDEMNIFY AND HOLD HARMLESS** the **CITY OF BAYONNE**, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the City, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims. I hereby certify that I have read this document, understand its content and am authorized to sign this document on behalf of all members of the event/group I represent. I further acknowledge that I have been provided with the opportunity to have this document reviewed by legal counsel.

Please Print: Name \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_