FACILITY USAGE/INDEMNITY AGREEMENT

THEATRE: Hays Community Theatre,	Inc.
FACILITY USER:	

TYPE OF FACILITY USAGE:

DATES OF FACILITY USAGE:

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named THEATRE against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named THEATRE.

FACILITY USER agrees to provide a certificate of insurance to the THEATRE, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000 per occurrence. FACILITY USER also agrees to have the THEATRE named as an "Additional Insured" on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the THEATRE by FACILITY USERS' employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against THEATRE.

If and only if FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named THEATRE for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the THEATRE by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the THEATRE, its employees or agents, or the negligence of any other individual or organization. If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY:

(Must be an official agent of FACILITY USER)

NAME (Please print):

DATE: