

## INDEMNIFICATION AND INSURANCE

1. \_\_\_\_\_ shall indemnify and save the County harmless from any and all claims, liability, losses and causes of actions which may arise out of the willful, grossly negligent or unlawful acts or omissions of \_\_\_\_\_ in it's participation in the Gene Cusic Collegiate Classic and shall pay all claims and losses of any nature directly resulting from such acts or omissions, shall defend all suits, in the name of the County, when applicable, including appellate proceedings and shall pay all reasonable costs, judgments and all reasonable attorneys fees, which shall issue thereon; provided however, that nothing herein shall be construed to require \_\_\_\_\_ to indemnify the County against liability resulting from the willful, negligent or unlawful acts or omissions of the County or any third party, nor be liable for loss or damage incurred or occasioned by \_\_\_\_\_ it's participation in the Gene Cusic Collegiate Classic. This provision shall survive the termination of this Agreement for a period of six (6) months.

2. \_\_\_\_\_ agrees to provide and maintain at all times during the term of this agreement without cost or expense to LEE COUNTY BOARD OF COUNTY COMMISSIONERS, policies of insurance insuring the above named person against any and all claims, demands and causes of action whatsoever for damage to person's or personal property in connection with the sanctioned event at the Lee County Gene Cusic Collegiate Classic. Copies of insurance policies must be provided to Lee County Risk Management prior to the commencement of the sanctioned Gene Cusic Collegiate Classic event at any Lee County facility.

3. Lee County shall not be responsible for the personal property of the recipient .

4. In the event of any loss or damage to the personal property, LEE COUNTY shall not reimburse the recipient for the actual cost to replace the lost or damaged property.

5. \_\_\_\_\_ is an independent contractor and is not an employee of Lee County.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by  
(date)

\_\_\_\_\_, who is personally known to me or has produced  
(name and title of position)

\_\_\_\_\_ as identification.  
(type of identification)

\_\_\_\_\_  
(Signature of person taking acknowledgment)

\_\_\_\_\_  
(Name typed, printed, or stamped)  
(Title or Rank)  
(Serial Number, if any)

LEE COUNTY PARKS AND RECREATION

\_\_\_\_\_  
Director of Lee County Parks & Recreation

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by  
(date)

\_\_\_\_\_, who is personally known to me or has produced  
(name and title of position)

\_\_\_\_\_ as identification.  
(type of identification)

\_\_\_\_\_  
(Signature of person taking acknowledgment)

\_\_\_\_\_  
(Name typed, printed, or stamped)  
(Title or Rank)  
(Serial Number, if any)

\_\_\_\_\_  
Lee County Gene Cusic Participant