

# South Hackensack School District

1 Dyer Ave · South Hackensack, NJ 07606

Phone: 201-440-2782 | Fax: 201-440-9156

Jason Chirichella, Superintendent/Principal

JoAnne Zahn, Vice-Principal

Bert Arifaj, Business Administrator/Board Secretary



"A Tradition of Caring"

## Hold Harmless

*Agreement between the South Hackensack Board of Education and:*

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address (Not Post Office Box)

\_\_\_\_\_  
Telephone Number

**Organization Type:**

*(Please circle one)*

Individual

Non-Profit Organization

Profit Making Organization

In consideration for use of Board of Education owned facilities (Location)\_\_\_\_\_, on the following dates: \_\_\_\_\_ for the purpose of \_\_\_\_\_ the undersigned agrees to indemnify, defend and hold the South Hackensack Board of Education and its trustees, officers, agents, members, servants, employees and assigns harmless from any and all liability, demands, claims, suits, losses, injuries, damages, judgments, expenses and costs of any kind resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to. Unless waived in writing by the South Hackensack Board of Education.

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I agree to furnish a Certificate of Insurance as to Workers compensation coverage (except for an individual) and a Certificate of Insurance specifically naming the South Hackensack Board of Education as an additional insured, providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than:

- \$300,000 for an individual
- \$500,000 for non-profit organization

The following information concerning the intended use of the premises is furnished:

- Total number of people anticipated is\_\_\_\_\_.
- **NO** alcoholic beverages will be served. Agreed \_\_\_\_\_.
- **NO** smoking in the school building, or on school grounds. Agreed\_\_\_\_\_.
- Other\_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ , as the binding act in

deed of \_\_\_\_\_  
(Name of Organization of Party)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Witness