



McClellan Park

Medical Mall and Meeting Center

McClellan Park Meeting Center Liability Waiver/Indemnification Agreement

I have received, read, understood, and agree to comply with all rules, regulations and policies of the McClellan Park Meeting Center.

I hereby fully release and discharge McClellan Park Medical Mall and Meeting Center, its officers, agents and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with an event held in the McClellan Park Meeting Center.

I further agree to indemnify and hold harmless and defend McClellan Park Medical Mall and Meeting Center, its officers, agents and employees from any and all claims resulting from injuries, including death, damages and losses, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with an event held in the McClellan Park Meeting Center.

By signing below, you are acknowledging that you have read, understand, and agree to the terms of this agreement.

Date: _____

Renter Name: _____

Renter Signature: _____

Event Date: _____

Event Description: _____