HARRIS COUNTY UTILITY DISTRICT NO. 15

APPLICATION FOR USE OF FACILITY
(OUT-DISTRICT RESIDENT)

Applicant:_____
Address: _____
Daytime Telephone:_____
Home Telephone: _____
Copy of Valid Photo ID Attached (circle one): Yes or No
FUNCTION TO BE CONDUCTED IN THE FACILITY: _____
_____
_____
FUNCTION TO BE CONDUCTED ON THE OUTSIDE GROUNDS / AREAS:_____
_____
_____
Date Requested: _____
Hours of Use: _____
Number of Persons: _____
Peace Officers Required (circle one): Yes or No
Number of Peace Officers Required: _____
Proof of Engagement of Peace Officers Attached (circle one): Yes or No

I, the undersigned Applicant, do hereby certify that I have read the foregoing Agreement and Application attached hereto and that I have been provided a copy of the Agreement. I understand the Rules and Regulations for the use of the Facility and I also understand that by using the Facility I consent to abide by the Rules and Regulations.

I AGREE TO RESTORE THE FACILITY AND THE SURROUNDING GROUNDS TO THE CONDITION THEY WERE IN PRIOR TO MY USE. I UNDERSTAND THAT IF THE FACILITY IS DAMAGED OR HAS NOT BEEN PROPERLY CLEANED, THE DISTRICT WILL CLEAN THE FACILITY AND/OR MAKE THE NECESSARY REPAIRS AND WILL DEDUCT THE COST OF CLEANING AND/OR THE REPAIRS FROM THE SECURITY DEPOSIT. IF THE COST OF THE REPAIRS EXCEEDS THE SECURITY DEPOSIT, I UNDERSTAND I WILL BE REQUIRED TO PAY THE BALANCE.

IN CONSIDERATION FOR THE USE OF THE FACILITY OWNED BY THE DISTRICT, THE UNDERSIGNED APPLICANT ("APPLICANT") HEREBY AGREES TO INDEMNIFY, SAVE AND HOLD HARMLESS, AND DEFEND HARRIS COUNTY UTILITY DISTRICT NO. 15 (THE "DISTRICT") AND ITS BOARD OF DIRECTORS AND ALL THEIR AGENTS, REPRESENTATIVES, EMPLOYEES, AND

CONSULTANTS, FROM ANY AND ALL SUITS, ACTIONS, OR CLAIMS OF ANY CHARACTER, TYPE, BROUGHT OR MADE BY ANY PERSON OR ENTITY FOR OR ON ACCOUNT OF ANY INJURIES OR DAMAGES RECEIVED OR SUSTAINED OR ALLEDGED TO HAVE BEEN RECEIVED OR SUSTAINED BY ANY PERSON OR ENTITY ARISING OUT OF OR RELATED TO OR OCCASIONED BY APPLICANT'S USE OF THE FACILITY ROOM OR SURROUNDING GROUNDS, WHETHER CAUSED BY THE SOLE NEGLIGENCE OF APPLICANT, THE SOLE NEGLIGENCE OF THE DISTRICT, ITS BOARD OF DIRECTORS AND ALL THEIR AGENTS, REPRESENTATIVES, EMPLOYEES, AND CONSULTANTS OR A COMBINATION THEREOF, OR THE NEGLIGENCE OF ANY OTHER PERSON OR ENTITY.

Signed this _____ day of _____, 20 _____.

_____
Signature of Applicant

Print Name: _____