

Office of Administrative Services

PH 530.938.5220 FX 530.938.5506

VENDOR/SERVICE PROVIDER INDEMNIFICATION AND RELEASE OF LIABILITY

Name of Vendo	r/Service Provider:				
Service being p	rovided:				
harmless Collector any and a including attorn way related to agrees that any of Vendor/Servi which involves	tent permitted by law, Verge of the Siskiyous and it all claims, demands, cauey fees, in law or equity, Vendor/Service Provider thing that happens in the ce Provider's merchandis Vendor/Service Provider ervice and/or property wil	s officials, officers, uses of action, costo property or persons at the course providing the se, or any claims for, its employees	employees, volunteers ts, expenses, liabilities cons, including wrongfule College of the Sisk the service or as a result or injury or damages mor representative and	s and agents free as, losses, damage all death, arising outlyous. Vendor/Ser tof the display, offer ade by anyone for d/or Vendor/Service.	and harmlesses or injuries to or in any vice Provide er and/or sale any incident
being allowed and \$2,000,000	n, all Vendor/Service Pro to provide the service. Daggregate and attach als as additional insure	The insurance m additional insur	ust be in the amount	of \$1,000,000 per	occurrence
Certificate	of Insurance attached e	ndorsing College	of the Siskiyous as a	n Additional Insu	red.
College of the	e absence of a liability Siskiyous will not be lin of a liability insurance.	nited to the amour			
of the lega waiving ce I further ce	rsigned, hereby certify to consequences of this rtain rights and assuming that I will abide by the of California.	indemnification and the risk from m	and release of liabilit ny participation in bei	y form, and undeng a Vendor/Servi	erstand I am ice Provider
Signature		Printed Name	i	Date	
Address		City	State	Zip	
Phone	Fax		Email		
		District Use	Only		
	Staff Initials:	Da	ite:		