



Heber City Police Department Indemnity and Hold Harmless Agreement (Entity)

The employing entity, agency or business of _____, is hiring the off-duty Heber City Police officer: _____ which is outside or secondary employment for the officer. The above named employing entity expressly agrees to defend, protect, indemnify, hold harmless, waive, release and discharge Heber City, its Police department, its officers, agents, employees and volunteers free and harmless from and against any and all claims directly or indirectly occurring or in any way incident to, and demands, damages, expenses, losses, or liability of any kind or nature whatsoever which the employing entity or agency, its officers, agents, employees, volunteers or the Heber City Off-duty officer may sustain or incur, or which may be imposed upon them for injury to or death of persons or damages to property arising out of or resulting from the negligent acts or negligent omissions of the employer, its officers, agents or employees. The Employer agrees to defend at its own cost, expense and risk all claims or legal actions that may be instituted against either the employer or Heber City Corporation, which arise out of the negligent acts or omissions of the Employer. Employer agrees to pay any settlement entered into and satisfy any judgment that may be rendered against either the Employer or the City of Heber City and its Police Department as a result of any negligent injuries or damages which have resulted from or are connected with this agreement or the use of the demised premise by the Employing entity, or its officers, agents, employees or licensees, including reasonable attorney fees.

I certify that I have read the above authorization and release and I hereby state that I understand the contents, and that I know that in signing it I am signing away any right of claim for damages sustained and agree to assume all the risk of any kind and solely responsible and answerable in damages for any and all accidents or injuries to persons or property associated under or with my entity or business. I also understand that no employee or agent is authorized to modify this waiver.

My signature acknowledges that I understand and agree to the above conditions, and that I signed this release of my own free will.

Print Name: _____ Date: _____

Authorized Signature of Employer: _____

Entity or Organization: _____