



# Port Jervis

CITY SCHOOL DISTRICT

**Administrative Offices**  
9 Thompson Street, P.O. Box 1104  
Port Jervis, New York 12771  
Phone (845) 858-3100  
Fax (845) 856-1885

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**HOLD HARMLESS AGREEMENT**  
**(Use of Facilities)**

\_\_\_\_\_ **(facility user)** does hereby covenant and agree to defend, indemnify  
**Please Print Name**

and hold harmless the Port Jervis City School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Port Jervis City School District property, facilities and/or services.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian if Minor**

\_\_\_\_\_  
**Date**