

INDEMNITY FORM

IN CONSIDERATION OF THE COUNCIL OF THE COUNTY OF CARDIFF (hereinafter called 'the COUNCIL') allowing or giving permission for:

(hereinafter called 'the Licensee') the Licensee's officials, employees, invitees, licensees and visitors to enter or use the COUNCIL'S property or the facilities described below in the Schedule hereto for the purposes and during the period mentioned in the said Schedule the Licensee HEREBY UNDERTAKES to indemnify the COUNCIL and its officials, employees, tenants, invitees, licensees and visitors from and against all personal injury (whether or not fatal) other than injury resulting from any negligent act of the COUNCIL or its servants or agents and all loss or damage to property whatsoever arising directly or indirectly from the exercise of the rights referred to in the said Schedule or any of them and against all liability in respect thereof and against all claims, demands, proceedings, costs, damages and expenses in respect thereof and which would not have arisen if the permission to enter or use the said property or facilities had not been granted AND THE Licensee declares that the Licensee will be responsible for obtaining such additional consents as may be required from the COUNCIL'S tenants or Licensees in respect of COUNCIL property or facilities to which this indemnity relates

AND THE LICENSEE FURTHER UNDERTAKES that the Licensee will. if requested in writing so to do by the COUNCIL'S DIRECTOR OF FINANCIAL SERVICES forthwith, take out, at the Licensee's own cost, a policy of Insurance in the joint names of the Licensees and of the COUNCIL against liability in respect of the indemnity given by the Licensee, such insurance cover to be for such an amount and upon such terms and with such Insurance Company as may reasonably be required by the COUNCIL.

PROPERTY or FACITITIES (Event Venue)		
PURPOSE FOR ENTERING FOR USING THE SAME (Event Name)		
DATE and PERIOD OF SUCH ENTRY OR USE (Event hire start – finish)		
Dated this day of		20
Signed on behalf of the	Licensee: (Event Organiser)	
	Signature:	
	Designation: (Job title, with respect	to event)
	Witnessed by: (Name)	
	Signature:	

Please print out, complete and return

THE SCHEDULE above referred to