



## FORM OF INDEMNITY

**THIS INDEMNITY** is given for the \_\_\_\_\_  
Event Name

For the period of \_\_\_\_\_ to \_\_\_\_\_  
Date of Event Date of Event

By \_\_\_\_\_  
Event Organiser

### BACKGROUND

The Applicant has applied to the Council for authority to use a portion of a road or other public area within the municipal district under Council's Local Laws. In consideration for the Council agreeing to this use, the Applicant agrees to indemnify the Council and to hold Public Liability insurance at all relevant times, as outlined below.

### INDEMNITY

The Applicant agrees to indemnify and to keep indemnified Colac Otway Shire and its servants (collectively, 'the Council') from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against the Council, in connection with the Applicant's use of the road and/or public area under this Agreement.

The Applicant's liability to indemnify the Council shall be reduced proportionally to the extent that an act or omission of the Council directly contributed to the loss or liability.

### INSURANCE

The Applicant agrees to, at all times during the period of the use of the road/public land to take out and keep current a Public Liability Policy of Insurance ("The Public Liability Policy"), to cover legal liability to third parties for personal injury or property damage as a result of an occurrence in connection with the Applicant's use of the road/public land under this Agreement.

The Public Liability Policy must extend to cover the Council in respect to claims for personal injury or property damage arising out of the negligence of the Applicant.

### Please complete ONE of the following authorisations:

SIGNED SEALED AND DELIVERED by

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In Victoria in the presence of :

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OR

THE COMMON SEAL OF

Was hereunto affixed in accordance with its articles association in the presence of

Director \_\_\_\_\_

Secretary \_\_\_\_\_