Clear Form

City of Port Hueneme

FILM PERMIT APPLICATION INDEMNIFICATION AGREEMENT

(805) 986-6507 / Fax. (805) 986-6565 / Inspector (Cell): 805-986-6507
Email: pwpermits@cityofporthueneme.org / http://www.ci.port-hueneme.ca.us

Film Permit No: _____

Date Applied: _____

_____ Hereby agrees to indemnify, defend and hold harmless
(Name of Applicant Company)

the City of Port Hueneme and its officers, employees, servants and agents from any claim, demand, damage, liability, loss, cost or expense, for any damage whatsoever, including but not limited to death or injury to any person or injury to any property, proximately resulting from any act or omission of _____ or any of its officers, employees,
(Name of Applicant Company)

servants, agents, or participants in the proposed filming event to occur on _____ at _____ and any properties that
(Dates) (Location)

are publicly owned, including sidewalks, and the general proximity thereof.

_____	_____	_____	_____
Applicant Name (Please Print)	Title	Applicant Signature	Date