

**PASADENA UNIFIED SCHOOL DISTRICT**

Civic Center Permit Office  
District Service Center  
740 W. Woodbury Road  
Pasadena, California 91103  
626-396-5850 x89188 fax: 626-808-9742

**INDEMNIFICATION AND INSURANCE REQUIREMENT LANGUAGE**

Applicant had an opportunity to inspect and accepts the premises and facilities in their present condition, and stipulates that the premises and facilities are in clean, safe, and usable condition. Applicant accepts the premises “as is” and assumes all risks of any condition of the property, whether visible or not. Applicant agrees to protect, defend, indemnify, save, and hold harmless the Pasadena Unified School District, its board of trustees, the individual members thereof, and all officers, agents, employees, and representatives free and harmless from any and all liability, loss, damage, cost or expense in any way connected with Applicant’s use or occupancy of the premises and facilities. Applicant shall, at its own cost and expense, procure and maintain during the entire period of use of the premises and facilities comprehensive general liability insurance issued by a qualified insurer licensed to do business in the State of California or a self insured program acceptable to the Pasadena Unified School District, with a combined single limit of not less than \$1,000,000 per occurrence. Such Insurance shall name the District, its board of trustees, the individual members thereof, and all other agents, employees, and representatives additional insured. It is understood that Applicant’s liability is not limited to the Applicant’s policy limits. Applicant understands that this provision is a material term of the permit for use of the premises and facilities.

“In the event the Applicant fails to perform in accordance with the preceding paragraph, or otherwise breaches any other provisions of the permit for use of the premises and facilities, the Pasadena Unified School District shall be entitled to recover all legal fees, costs and other expenses incident to securing performance or incurred as a consequences of nonperformance.”

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Name of Applicant (Please Print)

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Signature

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Name of Organization

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School Requested

**NOTE: PLEASE SIGN AND RETURN THIS FORM WITH YOUR APPLICATION.**