

**RELEASE/HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

(REQUIRED FOR USE OF CITY PROPERTY ONLY):

We/I, Dennis Powell (name of individual[s], partnership, or corporation), hereby agree and promise to release, hold harmless and indemnify the City of Pittsfield, including employees, officials, board members, etc., from all liability of any kind or nature arising or resulting from the activity entitled Four Freedoms March and Rally (name of event) to be held on January 7, 2017.

The undersigned represents that he/she has the authority to execute this Agreement.

Signed this 19 day of December, 20 16, on behalf of 4 Freedoms Coalition its Dennis Powell Date: 12/19/16  
Signature of the agent duly authorized by the Special Event Permit applicant to bind it.



**DO NOT PROCEED WITH THE SIGNATURES UNTIL THE  
TIMESTAMP HAS BEEN GIVEN!!!**

**\*\*This application packet (the checklist and the permit application) must be brought in person to each department for approval sign-offs - The first 3 sign-offs must be completed in the order listed below. The other departments in any order. Once all sign-offs have been received, this application packet must be returned to the Licensing Board Clerk in the City Clerk's Office for final approval.\*\***

**Review & Submission for Sign -Offs Provided By Departments**  
Please note - Departments may provide additional comments below their sign-off

**SIGN-OFF FOR THESE 3 DEPARTMENTS MUST BE IN THIS ORDER:**

Police Department	<u>[Signature]</u>	Date: <u>12-22-16</u>
		# of Officers (if applicable) <u>3</u>
Fire Department	<u>[Signature]</u>	Date: <u>12/22/16</u>
Community Development/Parks	<u>[Signature]</u>	Date: <u>12/22/16</u>
Health Department	<u>Ar</u> <u>NO food</u>	Date: <u>12/22/16</u>
Department of Public Utilities	<u>[Signature]</u>	Date: <u>12-22-16</u>
Department of Public Services	<u>[Signature]</u>	Date: <u>12/28/16</u>
Building Inspections	<u>[Signature]</u>	Date: <u>12/28/16</u>
<b>FINAL APPROVAL:</b> Licensing Board	<u>[Signature]</u>	Date: <u>12/28/16</u>