

**TOWN OF SANDOWN**  
**OFFICE of SELECTMEN**  
**P.O. BOX 1756 · Sandown NH 03873**  
**Telephone (603) 887-3646 Fax (603) 887-5163**

**BOOTH APPLICATION, RELEASE  
AND INDEMNIFICATION AGREEMENT**

**APPLICATION AND RELEASE FORM**

A. In consideration for being permitted to use the booth/display facilities of the Town of Sandown, \_\_\_\_\_ (hereinafter "Applicant") agrees to indemnify and hold harmless the Town of Sandown and its officers, employees, insurers, and New Hampshire Local Government Center Insurance Programs, from and against all liability, claims, and demands, which are incurred, made, or brought by any person or entity, on account of damage, loss, or injury, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kinds whatsoever, which arise out of or are in any manner connected with the use of the facilities, whether any such liability, claims, and demands result from the act, omission, negligence or other fault on the part of the Town of Sandown or its officers, or its employees, or from any other cause, whatsoever.

B. By signing below, Applicant agrees that, in the event of any damage, loss, or injury to the facilities or to any property or equipment therein, the Town of Sandown may deduct from the damage deposit the full amount of such damage, loss, or injury. Applicant further agrees that, if such damage, loss, or injury exceeds the amount of the damage deposit, Applicant will within thirty (30) days of billing reimburse the Town of Sandown for all costs associated therewith upon billing by the Town of Sandown.

C. In addition, in consideration for being permitted to use the facilities, Applicant, on behalf of itself, and its officers, employees, members, and invitees, hereby expressly exempts and releases the Town of Sandown, its officers, employees, insurers and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss or damage, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, or death that Applicant may incur as a result of such use, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the Town of Sandown, its officers, or its employees, or from any other cause whatsoever.

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

Applicant Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_