## City of Springfield, Oregon Hold Harmless Agreement



| Project Number  |  | Project Title  |  |   |
|---|--|--|--|---|
| and against all liabilit damage or injury to p  | o as Contra<br>y or loss a<br>ersons or<br>e Contract  | actor, shall defen<br>and against all cla<br>property caused l<br>or except, pursua  | ims or actions by or sustained in  | hold harmless the City from ased upon or arising out of a connection with performance 0, for losses, claims, or actions   |
| directly or indirectly or performance of the The Contractor shall a agents, and employee and description, direct the ownership, mainto omissions, operations any way arising out of City connected with the damage or injury and Subcontractor is mere injury. The Contractor relative to claims for officials, agents, or endirectly and subcontractor is mere injury. | resulting to work, un assume de se from all atly or indicenance or se, or conduct free Contractirrespectively a conductor shall no damage of mployees. | o the Contractor, foreseen difficult efense of, indemn claims, liability, irectly resulting fuse of motor vehict of the Contractract, irrespective ct is a condition ove of whether act ition rather than a to be liable for, nor damages resulti. | the City, or to or ies, accidents, or ify and save harr loss, damage, and com activities in icles in connection tor or any Subcorof whether an activity contributory contribut | I bear all losses and damages thers on account of the character any other causes whatsoever. In the causes the City, its officials, and injury of every kind, nature the performance of the Contract, on therewith, or the acts, ontractor under the Contract or et, omission or conduct of the ause of the claim, liability loss, onduct of the Contractor or in, liability, loss damage or defend or indemnify, the City ets or omissions of the City, its adequacy of the liability intractors obligations in this |
| Name of Prime Contr   | actor (ple   | ease print)  |  | _   |
| Name of Authorized  | Represent  | ative (please pri  | nt)  | _   |
| Signature of Authoriz   | ed Repres  | sentative  |  |   |
| Title (please print)  |  |  |  |   |
| Date  |  |  |  |   |
| Address (please prin  | t)   |  |  |   |
| City,   |  | State,   | Zip  | <u> </u>  |
| Telephone Number:   | _()  | )  |  | <u> </u>  |
| Cell Phone  | ( )  | )  |  | <u></u>   |
| Fax Number:   | ( )  | )  |  |   |