

I. Training Room User Agreement

I, _____, of _____

Of full age, for and in consideration of the privilege and benefits to be derived from use of the Allen County Sanitary Engineer's Training Room do hereby release and forever discharge, absolve, and hold free from all harm, liability, or damage to me or my property and agree not to sue Allen County, Ohio, or the Board of County Commissioners of Allen County, their agents, officers, departments, and employees, jointly and/or severally, from any and all suits, actions or invasion of all or any of my rights, or which I or my successors, heirs, assigns, administrators, or executors have not or may ever have resulting directly or indirectly or remotely from my presence at or use of the Allen County Sanitary Engineer's Training Room. **The agency/group using the Training Room facility must provide a Certificate of Insurance naming the Board of County Commissioners, Allen County, Ohio as additional insured for a minimum liability coverage of \$1 million. All Allen County agencies covered by CORSA using the Training Room facility will not be required to show proof of liability insurance.** I further agree to indemnify and hold harmless Allen County, Ohio, or the Board of County Commissioners of Allen County, their agents, officers, departments, and employees, from all claims, liabilities, damages, or suits of any nature whatsoever arising out of, because of, or due to my presence at or use of the Allen County Sanitary Engineer's Training Room, or due to any act or occurrence of omission or commission of myself, including but not limited to costs and a reasonable attorney's fee. In suits against Allen County, Ohio, or the Board of County Commissioners of Allen County, Allen County may, at its sole option, defend itself or allow another to provide the defense.

With my signature below, I state that I have read, and fully understand and agree to be bound by the Allen County Sanitary Engineer's Training Room Use Guidelines. I have also attached the required certificate of insurance to this form.

Please complete the below information and return it by mail or fax with the certificate of insurance to:

**Amy Frueh, Secretary/Receptionist
Allen County Sanitary Engineer
3230 N. Cole Street
Lima, Ohio 45801
Office: 419-996-4670
Fax: 419-229-3297**

User Printed Name: _____

User Signature: _____

Telephone #: _____

Date: _____