INDEMNITY AGREEMENT FOR ROLLOVER SIMULATOR USE

						_
"FMA"),	Agreem and	ent dated this	_ day of	, 20, by and _, (hereinafter "User)	between F-M Ambular	nce Service (hereinafter
through			ambulance service de	evoted to enhancing t	traffic safety and limitir	ng youth access to alcoho
					as the ROLLOVER SI olled over vehicle; and	MULATOR that assists in
				se of the ROLLOVER		cate individuals about the
with or v	without a	a fee, provided Us		nify and hold harmles		ROLLOVER SIMULATOR d all claims that may arise
	NOW T	HEREFORE, FM	A and the User agree	e as follows:		
attorney's	s fees, w o agrees	hich may in any ma	anner result from or aris e and hold FMA harmle	se out of its or its agents	s' use or possession of th	ing all costs, expenses, and e ROLLOVER SIMULATOR incurred in establishing and
pools or covering	governm the Use	ent self-retention f	funds authorized to do	business in North Dak	ota or Minnesota, the fo	s, government self-insurance llowing insurance coverages its use or possession of the
	1.		ral liability and automol 0,000 per occurrence.	bile liability insurance –	minimum limits of liabili	ty required are \$250,000 pe
	2.	Workers compens	ation insurance meetin	g all statutory limits.		
	3.	FMA shall be endo	orsed as an additional i	nsured on the commerc	cial general liability and a	utomobile liability policies.
	4.	Said endorsement	ts shall contain a "Waiv	er of Subrogation" in fa	vor of FMA.	
	5.	The policies and oundersigned repre		be canceled or modifi	ed without thirty (30) da	ys prior written notice to the
		all furnish a certifica LLOVER SIMULA		cing the requirements ir	n 1, 3, and 4 above to FM	IA prior to commencement o
any time.		erves the right to o	obtain complete, certific	ed copies of all required	d insurance documents,	policies, or endorsements a
User shall have no right to sublease or assign its use of the ROLLOVER SIMULATOR.						
maintaine not contr insurance placed w	ed by FM ibute witl e may be ith insure	IA. Any insurance, in it. Any deductible e in a policy or polic ers rated "A-" or bet	self-insurance or self-re e amount or other oblig cies of insurance, prima tter by A.M. Best Comp	etention maintained by lations under the policy ary and excess, including	FMA shall be excess of the clies) shall be the sole resong the so-called umbrellademnified, saved, and he	If-insurance or self-retention in User's insurance and shall sponsibility of the User. This are catastrophe form and be led harmless to the full exten
User Sig	nature: _				_	
Date:					-	
F-M Amb	oulance S	Service Representa	itive			

Signature:

Date: _____