

COUNTY OF LACKAWANNA
Courtthouse Square

INDEMNIFICATION AGREEMENT

1. VENDOR/SERVICE PROVIDER:

2. DATE:

3. SPECIFIC LOCATION:

The undersigned does hereby agree to indemnify and hold harmless the County of Lackawanna, its officers, directors, agents and employees and volunteers from any and all claims, suits, or causes of action, including reasonable attorneys fees, brought by any person or entity arising out of our participation as a vendor/service provider at the above-referenced time and place.

Further, I/we full release the County of Lackawanna from any and all claims that I/we may have arising out of our actions as a vendor/service provider at the above referenced time and place.

Vendor/Service Provider: _____

Signature: _____

Date: _____