OUTDOOR DINING "STREATERIES"

INDEMNITY AGREEMENT PURSUANT TO SEC. 43-8-4(d) OF THE 2019 DETROIT CITY CODE

, whose
address is
(hereinafter referred to as the "Permittee") do hereby agree to defend, indemnify and save
harmless the City of Detroit from any and all claims, liabilities, obligations, penalties, costs
charges, demands, losses, damages, or expenses (including without limitation, fees, and
expenses of attorneys, expert witness and other consultants) that may be imposed upon
incurred by or asserted against the City of Detroit or its departments, officers, employees, or
agents by reason of the issuance of said permit(s), or the performance or non-performance by
the Permittee of the terms of the permit(s) hereof, or that may rise out of its activities by
Permittee and its personnel, agents, representatives and employees.

Permittee agrees to waive, release and discharge the City of Detroit or its departments, officers, employees, or agents from any and all liability, claims, demands, and causes of action whatsoever, legal and equitable, because of damages, losses, or injuries to Permittee or Permittee's property or both, arising from or related to Permittee's activities. Permittee agrees and covenants not to sue the City of Detroit or its departments, officers, employees, or agents, and to refrain from instituting, continuing, presenting, subrogating, collecting or in any way aiding or proceeding upon any claims, judgments, debts, causes of action, suits and

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proceedings of any kind at law or in equity arising from or related to Permittee's activities.

BY:	PERMITTEE:	
TIS:	(Business Name)	
ITS:	BY:	
ITS:	(Signature)	
TELEPHONE NUMBER: STATE OF MICHIGAN	PRINT NAME:	
TELEPHONE NUMBER: STATE OF MICHIGAN	ITS:	
STATE OF MICHIGAN	(Duly Authorized Representative)	
STATE OF MICHIGAN }	DATE	
STATE OF MICHIGAN }		
Sworn and subscribed to before me on		
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Sworn and subscribed to before me on	,	
by the Name Title of Business Name		
by the Name Title of Business Name		
by the Name Title of Business Name	Same and subscribed to before me	20
by the Name Title of Business Name	Date	 _, 20
of Business Name Sign:	by the	
Business Name Sign:	Name	
Sign:	of	_·
Sign:	Dusiness Name	
Sign:		
	Sign:	
Print:	Print: Natura Dublica Country Michigan	
Notary Public,County, Michigan	Acting in County, Michigan	
Acting inCounty	Acting in County My Commission Expires:	
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