

**ALVIN COMMUNITY COLLEGE**

**INDEMNIFICATION AND WAIVER OF LIABILITY**

The undersigned hereby releases and agrees to defend fully, protect, indemnify, and hold harmless the Alvin Community College, its regents, administration, faculty, agents, and employees from and against each and every claim, demand or cause of action, and any liability, cost, expense (including, but not limited to, reasonable attorney's fees and expenses incurred in defense of the College), damage or loss in connection therewith, which may be made or asserted by any person/s on account of any injury or damage caused by, arising out of, or in any way incidental to the undersigned's use of College facilities for which application is herein made.

**Please fill out and return.**

Organization's Name: \_\_\_\_\_

Facility & Date Requested: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail check with form to:**

**Alvin Community College**

**Business Office**

**3110 Mustang Road**

**Alvin, Texas 77511-4898**

***Make check payable to: Alvin Community College***

**(281) 756-3594 / FAX (281) 756-3858**