



Office of  
Administrative Services

PH 530.938.5220

FX 530.938.5506

**VENDOR/SERVICE PROVIDER  
INDEMNIFICATION AND RELEASE OF LIABILITY**

Name of Vendor/Service Provider:

Service being provided:

To the fullest extent permitted by law, Vendor/Service Provider shall release, discharge, defend, indemnify and hold harmless College of the Siskiyou and its officials, officers, employees, volunteers and agents free and harmless from any and all claims, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries, including attorney fees, in law or equity, to property or persons, including wrongful death, arising out of or in any way related to Vendor/Service Provider's operations at the College of the Siskiyou. Vendor/Service Provider agrees that anything that happens in the course providing the service or as a result of the display, offer and/or sale of Vendor/Service Provider's merchandise, or any claims for injury or damages made by anyone for any incident, which involves Vendor/Service Provider, its employees or representative and/or Vendor/Service Provider's merchandise, service and/or property will be Vendor/Service Provider's sole responsibility.

**For this reason, all Vendor/Service Providers must provide a copy of a current insurance certificate before being allowed to provide the service. The insurance must be in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate and attach additional insured endorsement naming the District, its officers, agents & officials as additional insured.**

**Certificate of Insurance attached endorsing College of the Siskiyou as an Additional Insured.**

**However, in the absence of a liability insurance, this agreement to defend, indemnify and hold harmless College of the Siskiyou will not be limited to the amount of the insurance coverage and will also hold true in the absence of a liability insurance.**

**I, the undersigned, hereby certify that I as the Vendor/Service Provider understand and am fully aware of the legal consequences of this indemnification and release of liability form, and understand I am waiving certain rights and assuming the risk from my participation in being a Vendor/Service Provider. I further certify that I will abide by the rules and regulations of College of the Siskiyou, and by the laws of the State of California.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

---

*District Use Only*

Staff Initials: \_\_\_\_\_

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