CITY OF GIBSON | 101 E 8TH STREET, PO BOX 545, GIBSON CITY, IL 60936
PHONE 217-784-5872 | FAX 217-784-5930

SIDEWALK CAFÉ - RELEASE OF LIABILITY

I, _____

(Applicant's name printed)

providing that in consideration of receiving the encroachment permit, that I will pay and all expenses, including compensation for all damages, caused by the encroachment and that I will indemnify and hold harmless the City of Gibson from any action, proceeding or claim of liability asserted against the City of Gibson resulting from the encroachment or from the issuance of the encroachment permit.

_____

(Applicants Signature)

Date ____/____/____