

APPLICATION FOR TEMPORARY ROAD CLOSURE OF DUBOIS COUNTY ROADWAYS

The undersigned applies for closure of the following County Highway(s) for a community event.

EVENT: _____

SPONSOR: _____

DATE(S) AND TIME OF REQUESTED ROAD CLOSURE:

DESCRIPTION OF HIGHWAY(S):

TOTAL CLOSURE OF LIMITED USE:

PERSON OR GROUP IN CHARGE OF PUBLIC SECURITY:

Sponsor will be in charge of posting all "road closure" or warning signs required by the Dubois County Highway Department, for safety of the general public and of the participants in the event, and Sponsor shall conduct the event in such manner as will protect the safety of the general public and those participating in the event. As a condition of the granting of this Application, the undersigned, acting on behalf of the Sponsor organization, agrees that the Sponsor organization agrees to and shall indemnify and save harmless Dubois County, Indiana, its Board of Commissioners, officers and employees from any claim, damage, expense, liability or action, including legal fees, resulting from any loss or injury resulting from or because of the above described event. In the event that Sponsor has or acquires liability insurance covering the event, Dubois County shall be named as an insured party under said coverage. Should Sponsor require an application from participants in the event, County shall be included in any indemnity or release clause contained in such application.

Dated: _____, 20____

SPONSOR-ORGANIZATION

BY: _____

OFFICE HELD: _____