



**City of Hopewell**  
100 West City Point Road  
Hopewell, Virginia 23860  
(804) 541-2353  
Fax (804) 541-2464

## **INDEMNIFY FORM**

Registrant's Name:

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Mailing Address to include zip code:

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I agree to indemnify and hold harmless City of Hopewell, its officers, employees and agents from and against any, and all, claims and liabilities for injury to persons or property which may be suffered by anyone as a result of, or in any way connected with participation in any activity, program or facility. I agree that the waiver of liability and hold harmless provisions of this application shall be effective to absolve the City of Hopewell and its officers, agents and employees from liability to the maximum extent permitted by Virginia law. If any provision of this application is held void or of no effect by a court of competent jurisdiction, the remainder shall be effective to the extent permitted under Virginia law.

Form will remain on file for all registrations.

Signature of Participant, Parent or Guardian: \_\_\_\_\_

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