

ALCOHOL WAIVER/ACCEPTANCE OF LIABILITY

Applicant: _____

Name of Event: _____

Date & Time of Event: _____

Acceptance of Legal Responsibility:

I understand that any and all liability related to the service and/or consumption of alcoholic beverages at the above stated event is not covered by the City of Kindred's liability insurance policy. I further understand that under North Dakota laws, severe liability may result from the service and/or consumption of alcoholic beverages.

I agree, by signing this waiver, to accept any and all liability resulting from, or in any way related to, the service and/or consumption of alcoholic beverages during the event at the Kindred City Hall/Memorial Building. I further agree to indemnify and hold harmless the City of Kindred and the City of Kindred's employees, officers, representatives and assigns, from or in any way related to any and all claims resulting from the service and/or consumption of alcoholic beverages during this event.

I further agree to abide by the Kindred City Hall/Memorial Building policy. I agree this is a private event, closed to the public, and the number of attendees will not exceed (50) persons. I also agree that only beer, wine, or champagne will be served. No hard liquor or mixed drinks will be served. The sale of alcohol is prohibited.

I understand that any violation of this waiver will result in forfeiture of the deposit and may result in additional penalties as allowed by law.

I agree, by signing this waiver, to familiarize myself and to comply with all North Dakota laws and the regulations of the State of North Dakota Liquor Control commission(s) relating to the service and/or consumption of alcoholic beverages.

Applicant Signature

Date

Printed Name

Address

Phone Number

For Office Use Only:

_____ *Approved*

_____ *Denied*

Reason for Denial: _____

Authorized Signature

Date