

ATTACHMENT D - RECIPROCAL CLAUSES

University of California
Division of Agriculture and Natural Resources Cooperative
Extension

The UC Regents Program of San Benito County, as a program of The Regents of the University of California, Agriculture and Natural Resources, Cooperative Extension, is hereby authorized on (DATE OF EVENT) _____, to use the following donated equipment for the purpose of Transporting San Benito County 4-H members during the: (Check appropriate event below)

___ Hollister Saddle Horse Show Parade ___ Hollister Lights On Parade ___ Other _____

Vehicle #1 TYPE OF VEHICLE: _____ License Plate # _____
VIN# _____
Driver's License # _____ Vehicle Insurance Name and Policy # _____

Vehicle #2 TYPE OF VEHICLE: _____ License Plate # _____
VIN# _____
Driver's License # _____ Vehicle Insurance Name and Policy # _____

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA shall defend, indemnify and hold (Owner/Driver of vehicle) _____ its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, its officers, agents or employees.

(Owner/Driver of vehicle) _____ shall defend, indemnify and hold THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, its officers, employees and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of (owner/driver) _____, its officers, agents or employees.

County Director's Name and Signature:

Lynn Schmitt-McQuitty

Name

Date: _____

Signature

County Name: San Benito County
University of California
Division of Agriculture & Natural Resources
Cooperative Extension

Authorized Name and Signature of the other entity: (owner/driver)

Date: _____

Print Name

Signature

Expiration Date of Use Agreement: _____

USE THIS LANGUAGE WHEN THE OTHER ENTITY OR PERSON DOESN'T HAVE AN AGREEMENT. YOU MUST OBTAIN AN INSURANCE CERTIFICATE FROM THEM TO BACK UP THE LANGUAGE IN THE AGREEMENT.

Copy of Insurance Attached: _____

Copy of Driver's License Attached: _____ Copy of Registration Attached: _____