



DALLAS COUNTY DENTAL SOCIETY FACILITY RENTAL CONTRACT

Group assumes all risk of, and agrees that DCDS shall not be liable for any damage to property or injury to or death of any persons including, without limitation, Group or its shareholders, members, directors, officers, employees, contractors, invitees, patrons, licensees, or agents, in, on or about the DCDS premises from any cause except where such damage or injury arises out of the gross negligence of DCDS. **Further, Group shall fully indemnify and hold DCDS and its respective members, directors, officers, employees, insurers, attorneys, and agents harmless from all claims, demands, actions, causes of action, losses, damages, or liability (including, without limitation, all expenses of litigation, court costs, and attorney's fees) for any injury or death to any person, including, without limitation, any injury, disfigurement, or death, any monetary claims, including, without limitation, any claims for medical expenses, pain and suffering, mental anguish, emotional distress, loss of consortium, or for lost wages, or any injury received or sustained by any person or property arising out of the acts or omissions, including negligence, of the Group or any of its shareholders, members, directors, officers, employees, contractors, invitees, patrons, licensees, or agents, or the performance of, or failure to perform by, the Group or any of its shareholders, members, directors, officers, employees, contractors, invitees, patrons, licensees, or agents, of any of the Group's obligations under this Agreement even if such claim is based on a claimed negligent act or omission of any of the indemnities.**

Group assumes all responsibility for repair and restoration in the event of damages caused by the group or their invitees. Group agrees to be, and is, responsible for ensuring that the meeting, including the layout of the meeting room and any equipment and/or other item used in connection with the meeting and/or the Group function, is ADA accessible and compliant. Group also agrees to comply with each and every term and provision of the Meeting Room Rental Agreement, which is incorporated into and made part of this Contract as if fully set forth herein.

I HAVE READ THE ENCLOSED INFORMATION AND AGREE TO ABIDE BY THE MEETING ROOM POLICIES AND AGREEMENT SET FORTH BY THE DALLAS COUNTY DENTAL SOCIETY AND THIS CONTRACT.

Group _____

Signed _____ Date _____

Signed _____ Date _____

DCDS Executive Director

**RETURN A SIGNED COPY OF THIS AGREEMENT, THE MEETING ROOM REQUEST FORM,
AND PAYMENT TO: DALLAS COUNTY DENTAL SOCIETY
13633 OMEGA ROAD
DALLAS, TX. 75244
OR FAX TO: 972-233-8636**

IF REQUESTED, YOU WILL RECEIVE A LETTER OF CONFIRMATION BY MAIL.