



### Hold Harmless Agreement

Camp Fire Snohomish (hereinafter called **Permittee**) agrees to hold **WSDOT Ferries Division** (hereinafter called **WSF**) harmless from, and shall process and defend at its own expense, all claims, demands, or suits at law or equity, of whatever nature, brought against **WSF** arising in whole or in part from **Permittee's** activities at or on the facilities of **WSF**.

This indemnity provision shall not require **Permittee** to defend or indemnify **WSF** against any action based solely on the alleged negligence of **WSF**.

This **HOLD HARMLESS AGREEMENT** shall not be construed as (1) a permit to use **WSF** facilities or (2) **WSF** approval of the **Permittee's** activities. **Permittee** shall have the right to use **WSF** facilities only if and as provided by applicable statutes, regulations and **WSF** policies.

PERMITTEE Camp Fire Snohomish

By Michael Deal Date 10.16.18

Email candy c campfire Snoco.org

#### Please Provide the Following Information

Contact Person for Group: Megan Farrell

Mailing Address: 4312 Rucker Ave.  
Everett, WA. 98203

Daytime Phone No: 425) 258-5437 Other Phone \_\_\_\_\_

Terminal(s) Location: Mukitto, Edmonds, Clinton

Date(s) Requested: Jan 24-27, Feb 2-3, Feb 9-10, Feb 16-17, 2019  
(9 a.m. to 4 p.m., Saturday and/or Sunday only)

Description of Activity: candy sale fundraiser

Brand Name/Description of Items for Sale or Distribution: candy

#### ORGANIZATION'S ACKNOWLEDGEMENT OF FUNDRAISER

Organization Representative: \_\_\_\_\_

Phone: 425) 258-5437

Nonprofit Tax ID Number: 91-0608531

**Please Return to:**  
Washington State Ferries  
Attn: Tierra Russell  
2901 Third Ave., Suite 500  
Seattle, WA 98121-3014  
206-515-3773 (fax)

**Filling Out This Form:**  
On the first two blanks ("Permittee"), write the name of your non-profit group. The blank after "By" is for the signature of an authorized group representative. Before submitting, be sure **all** blanks are filled in.



### Agreement to and Acceptance of WSF Policies and Rules Governing Fundraising Activities

An authorized adult representative of the nonprofit organization must return the signature page of this packet, agreeing that the organization will abide by the rules specified herein.

The signed copy can be returned to:

Washington State Ferries  
Attn: Tierra Russell  
2901 Third Ave., Suite 500  
Seattle, WA 98121-3014  
russelt@wsdot.wa.gov  
206-515-3773 (fax)

#### AGREEMENT TO AND ACCEPTANCE OF WSF FUNDRAISING POLICIES AND RULES

As an authorized adult representative of Camp Fire Snohemish  
(name of organization)

I acknowledge receipt and understanding of the attached WSF Fundraising Policies and Rules and agree to comply with and be subject to all provisions of those policies.

By [Signature]  
(Signature)

Megan Farrell  
(Please print name)

Date 10.18.18 Email Candy C CampfireSnoCo.org

#### Please Provide Your Mailing Address and Phone Numbers

Mailing Address 4312 Rocker

Everett, WA 98203

Day Phone No. 425)258-5137 Other Phone: \_\_\_\_\_

Fax No. \_\_\_\_\_ (if needed)