

# NORTHWESTERN UNIVERSITY

## Indemnification Agreement for Donated Item (s)

The undersigned, on behalf of \_\_\_\_\_ acknowledges receipt of donated \_\_\_\_\_  
(Name of organization) (description)

from Northwestern University. I also acknowledge that said donation is received "as is" and that Northwestern University makes no warranties or representations of any kind, expressed or implied as to its condition, usefulness, merchantability or fitness for a particular purpose.

In consideration of the donation, \_\_\_\_\_ does hereby fully release and discharge  
(Name of Organization)

Northwestern University, its trustees, officers, agents and employees from any liability or any loss, cost, damage, expense, injury or death arising from or in any manner connected with the receipt and use of donated items by Northwestern University.

Further, \_\_\_\_\_ indemnifies, saves harmless and defends Northwestern University, its  
(Name of Organization)

trustees, officers, agents and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorneys fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to any property, which may arise or which may be alleged to have arisen out of the receipt or use of the donated item(s) by \_\_\_\_\_  
(Organization)

or any person or entity who subsequently receives the donated item(s) from \_\_\_\_\_.  
(Organization)

\_\_\_\_\_ shall, at its own expense, appear, defend and pay all charges of attorneys and all  
(Name of Organization)

costs and other expenses arising therefrom or incurred in connection therewith; and if any judgements shall be rendered against Northwestern University in any such act, \_\_\_\_\_ shall, at its own expense, satisfy and discharge same.  
(Name of Organization)

The undersigned certifies that he/she is an authorized agent for the organization receiving this donation from Northwestern University.

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

Name Printed or Typed: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Pick-Up Location: \_\_\_\_\_