AFFIDAVIT

This is to certify that I,	, the undersigned will be renting the
facility at HSNC to hold a private party for n	nyself on <u>(Date)</u> for approximately <u>?</u> guests.
agree to provide adequate insurance covera	age endorsed to HSNC protecting HSNC from any
and all damages, claims, or consequences ca	aused due to any of activities on or off the premises
due to my event at HSNC. Coverage incl	ude but not limited to: General liability, Property
damage, Fire damage, Personal in jury or de	ath, Medical expense, Liquor liability, Thefts and/or
any other damage. I may buy such insurance	e from an independent insurance agent or I may be
covered under my home insurance policy. Fa	allure to provide such insurance automatically holds
me personally responsible and accountable	e for any of the damages or claims listed above
and/or not listed above.	
I agree to defend, hold harmless and indemn	ify HSNC and its officers, employees, affiliates, and
agents without any limitation from and aga	ainst any and all claims, damages, loss, injuries
(including disabilities or deaths), costs, legal	fees and expenses in any way arising or connected
with any activities, food, public safety, etc, wh	natsoever, including claims by third parties.
The undersigned shall also be responsible for	or hiring adequate staff for monitoring the event to
occur peacefully and professionally and for a	ll cleanup, busing tables, and trash removal. HSNC
is not responsible for the cleanup of food, bever	verage, tables, or the room.
I certify under penalty of perjury under the la	aws of the North Carolina and the United States of
America that this statement is true and correct	ct and binding on me.
Signature	 Date
STATE:	COUNTY:
I,, a N	Notary Public for said County and State, do hereby
certify that p	personally appeared before me this day and
acknowledged the due execution of the foreg	oing instrument.
Witnesses my hand and official seal, this the	day of, 20
(Official Seal)	
	Notary Public
My Commission expires:	