



ABATE OF FLORIDA, INC.

Phone (386) 943-9610
Fax (850) 361-1118
Email flabatestateoffice@gmail.com

P.O. Box 614
Cantonment FL.32533

I _____ am the owner/property manager of property located at _____
(Printed name) (physical address)

_____, Florida. I have the legal authority to grant ABATE OF FLORIDA, INC. _____
(City) (Chapter name)

permission to use the above property on _____
(date of event)

_____ This agreement allows ABATE OF FLORIDA, INC. _____ Chapter to have a separate area of the establishment/
property to hold their event in wherein all attendees of this event will sign a waiver of liability insurance provided by ABATE OF
FLORIDA, INC.

OR

_____ This agreement allows ABATE OF FLORIDA, INC. _____ Chapter to have use of the common area of the
above establishment/property and will indemnify and hold harmless from any liabilities arising directly or indirectly from or in any
way connected to this Agreement. A copy of the establishment's liability insurance is attached.

OR

_____ I am the owner of the above property and understand that any incident/accident that happens on my personal property during
any ABATE OF FLORIDA, INC. _____ Chapter event held on my property will be held liable under my homeowners
insurance.

INITIAL ONE OF THE ABOVE

(Printed name)

(Signature)

(Date)

(Telephone number)

(FAX number)