INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This	Indemnification	and H	lold Harmle	ss Agreemer	nt is	made	this	day of
, 20, between(hereinafter								
referred to as "Contractor") and CRESTWOOD VILLAS MULTI CONDOMINIUM ASSOCIATION, INC., a								
Florida no	t-for-profit Corpora	ation (he	reinafter refe	rred to as "Asso	ociatic	on").		

<u>Recital1.</u> Association is the entity responsible for the operation and administration of the Crestwood Villas Multi Condominium Association, Inc., located in Sarasota, Florida.

<u>Recital2.</u> Contractor agrees to provide the following services to the Association:

In consideration of the service(s) to be provided by Contractor, and other valuable consideration acknowledged by the parties to this Agreement, Association and Contractor agree as follows:

1. Contractor acknowledges and agrees that, to the fullest extent permitted by law, he/she shall defend, release, hold harmless and indemnify Association, its officers, directors, members, employees, contractors and agents from any and all damages, injuries, liabilities, losses, causes of action, judgments, or claims of any kind whatsoever, directly or indirectly, whether brought by Contractor or anyone claiming by, through, or on behalf of Contractor, resulting from Contractor providing services to the Association. This indemnity and hold harmless agreement specifically includes, without limitation, any alleged negligence (excluding the Association's intentional misconduct or gross negligence) on the part of the Association, its Board members, officers, members or employees. Contractors' obligation to defend, indemnify, release and hold harmless shall include, without limitation, any and all damages, injuries, claims, losses, liens, settlements or judgments of any nature, including but not limited to, attorneys' fees, including attorneys' fees on appeal, and costs incurred by the Association or any officer, director, member, employee, contractor or agent of the Association to defend all claims or suits.

Witness

Contractor

Print Name

Print Name

STATE OF FLORIDA : : ss

COUNTY OF _____ :

The foregoing instrument was acknowledged before me this ____ day of _____, 20___, by _____ who is personally known to me, or produced ______as identification. If no type of identification is indicated, the above-named person is personally known to me.

My Commission Expires:

Notary Public

Printed Name of Notary

ACTIVE: 5142923_1a