

# Attachment D Preferred ANR Use Agreement

## ATTACHMENT D - RECIPROCAL CLAUSES

University of California  
Division of Agriculture and Natural Resources  
Cooperative Extension

The \_\_\_\_\_ Program of \_\_\_\_\_ County,  
as a program of The Regents of the University of California, Agriculture and Natural Resources, Cooperative  
Extension, is hereby authorized during the period from \_\_\_\_\_ through \_\_\_\_\_, to use the  
following described facility/land:

\_\_\_\_\_

for the purpose of:

\_\_\_\_\_

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA shall defend, indemnify and hold  
\_\_\_\_\_, its officers, employees, and agents harmless from and against  
any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out  
of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense,  
attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or  
omissions of THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, its officers, agents or employees.

\_\_\_\_\_ shall defend, indemnify and hold THE REGENTS OF THE  
UNIVERSITY OF CALIFORNIA, its officers, employees and agents harmless from and against any and all  
liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the  
performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys'  
fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of  
[\_\_\_\_\_], its officers, agents or employees.

County Director's Name and Signature:

\_\_\_\_\_

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

County Name: \_\_\_\_\_

University of California  
Division of Agriculture & Natural Resources  
Cooperative Extension

Authorized Name and Signature of the other entity:

\_\_\_\_\_

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

Expiration Date of Use Agreement: \_\_\_\_\_

USE THIS LANGUAGE WHEN THE OTHER ENTITY OR PERSON DOESN'T HAVE AN AGREEMENT.

YOU MUST OBTAIN AN INSURANCE CERTIFICATE FROM THEM TO BACK UP THE LANGUAGE IN  
THE AGREEMENT.