



## Document A

### ST. CLOUD STATE UNIVERSITY HOLD HARMLESS AGREEMENT

City of Duluth Police Department (Organization), of 2030 N Arlington Ave. Duluth, MN 55811 (Address),  
Kerry Cronin (Contact), is interested in maintaining well-trained personnel, and wishes to take advantage of the Advanced Driving Skills Training Program offered by the Minnesota Highway and Safety & Research Center (MHSRC) for its employees.

**Whereas**, the Minnesota Highway Safety & Research Center (“the MHSRC”), located at 1805 S. US HWY 10, Saint Cloud MN 56301 is a department of St. Cloud State University (“SCSU”), operates an Advanced Driving Skills Training Program and is qualified and recognized as an expert in advanced driving techniques including but not limited to: defensive driving, collision avoidance, acceleration, braking, forward and reverse slalom activities.

**Whereas**, the Organization, as part of ongoing training programs for its personnel, wishes to make use of the MHSRC’s Advanced Driving Skills Training Program and expert instructors.

**Whereas**, SCSU and the Organization have reached an agreement concerning the Organization’s use of the MHSRC’s Advanced Driving Skills Training Program,

**Therefore**, the Organization agrees to defend, indemnify and hold harmless the MHSRC, SCSU, the State of Minnesota and their employees, agents, officers, and representatives from any claims, demands, damages, costs, reasonable attorneys’ fees, or judgment arising out of the Organization's or any of the Organization’s employees, agents, officers, and representatives' acts of omissions under this Agreement. The Minnesota Highway and Safety Research Center's (MNHSRC) liability shall be governed by the provisions of the Minnesota Tort Claims Act, Minn. Stats Section 3.736 and other applicable law.

**Effective as of 11/01/2023 the Parties agree to the signing and renewal frequency of this agreement shall be changed from once a year to once every three (3) years. (Ending on 12/31)**

CITY OF DULUTH a Minnesota municipal corporation

By: \_\_\_\_\_  
Its Mayor

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

Attest: \_\_\_\_\_  
City Clerk

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

Countersigned:

\_\_\_\_\_  
City Auditor

Approved as to form:

\_\_\_\_\_  
City Attorney