

**Exhibit - NON-SCHOOL RELATED GROUP  
ACKNOWLEDGMENT, ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION**

*This form must be completed ~~and returned to the Superintendent's Office~~ for each adult and minor of a non-school related group or organization (i.e. not school-affiliated organizations, school sponsored programs, or organizations providing financial assistance to schools) using a school facility as part of the non-school related group's ~~Application and Procedures for Use of School Facilities where the group or organization has not provided adequate insurance. and Completed forms must be returned to the Superintendent's Office~~ prior to the non-school related group's use of the school facility.*

**INSTRUCTIONS: PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED.**

**Organization Information**

Name: \_\_\_\_\_ Requested school facility: \_\_\_\_\_  
Supervisor from organization (*must be 21 years of age or older*): \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Program/Activity: \_\_\_\_\_ Program/Activity date(s)  
and start/end time(s): \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_  
Number Street State Zip  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Information** (If individual is a minor)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_  
Number Street State Zip  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_  
Number Street State Zip

Adopted: August 12, 2020  
Reviewed: ~~July 2020~~ August 2025  
Amended:

Phone No.: \_\_\_\_\_ Alt. Phone No. 1: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone No. 2: \_\_\_\_\_

**IN CONSIDERATION OF THE USE OF THE SCHOOL FACILITY BY THE INDIVIDUAL IDENTIFIED ABOVE ~~AS PART OF THE ORGANIZATION~~, I HEREBY MAKE THE FOLLOWING ACKNOWLEDGMENTS, ASSUME THE FOLLOWING RISKS, AND ENTER INTO THE FOLLOWING RELEASE AND INDEMNIFICATION AGREEMENTS.**

**Acknowledgments and Assumption of Risk**

I/We acknowledge reading the Organization's completed **Application and Procedures for Use of School Facilities** and agree to abide by all of the procedures provided therein.

~~I/We further acknowledge that I/we have reviewed the US Centers for Disease Control and Prevention's Coronavirus Disease 2019 (COVID-19) webpage.~~

I/We accept and assume all of the risks arising out of or in any way connected with my use of the school facility identified above, ~~including the possibility of contracting COVID-19.~~

**Release and Indemnification**

I/We do hereby agree to release, discharge, reimburse, indemnify and hold harmless Community Unit School District No. 5, McLean and Woodford Counties (the "District"), Illinois, its agents, officers, employees, and volunteers from any loss, claim, demand, damage, cost or other liability whatsoever, whether caused by the negligence of the District, its agents, officers, employees, volunteers, or otherwise, arising out of or in any way connected with my use of the school facility identified above, ~~including without limitation contracting COVID-19.~~ Should it become necessary for the District, or anyone acting on its behalf, to incur any costs or expenses, including attorney's fees and court costs, to enforce this Agreement, or in connection with any loss, claim, demand, damage, cost or other liability for which indemnification is provided by this Agreement, I/We agree to indemnify and hold them harmless for all such costs and expenses.

\_\_\_\_\_  
Individual

\_\_\_\_\_  
Parent/Guardian (If individual identified above is a minor)

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

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