

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

*This form must be completed 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 for Use of School Facilities** where the group or organization has not provided adequate insurance. 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

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, 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 for Use of School Facilities** and agree to abide by all of the procedures provided therein.

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.

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. 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: _____