**EXHIBIT A**

**THIRD PARTY PARTICIPANT USE OF GLENVIEW 34 FACILITIES**

**WAIVER AND RELEASE FORM**

Please read this form carefully and be aware that by signing this form, you will be waiving and releasing any and all claims for injuries that you or your minor child might sustain as a result of you or your minor child’s use of Glenview Community Consolidated School District No. 34, Cook County, Illinois, (“Glenview 34”) facilities pursuant to a third-party rental or usage of such facilities.

As a participant, or the parent/guardian of a minor child participating, in a program that is sponsored and administered by an organization or entity other than Glenview 34, I recognize that there are certain risks of property damage or loss, allergic reaction, sickness (including that related to a pandemic or other health emergency), injury and/or death that may arise from my, or my minor child’s, participation in a non-Glenview 34 sponsored program using Glenview 34 facilities. I affirm that I and/or my child are fit to participate in such non-Glenview 34 sponsored activity. I understand that by participating in this non-Glenview 34 sponsored program, I and/or my minor child assume all related risks. I, and my agents, representatives, assigns, heirs and successors, hereby waive, release and hold harmless Glenview 34, its Board members, officers, employees, agents, representatives, volunteers, insurers, assigns and successors, and each and every one of them, (together, Indemnified Parties) from and against any and all claims, demands, suits, liability and causes of actions, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys’ fees, by reason of property damage or loss, allergic reaction, sickness (including that related to a pandemic or other health emergency), injury and/or death, arising out of or in any manner related to participation in this non-Glenview 34 sponsored program that uses Glenview 34 facilities.

I recognize the importance of complying, and agree that I and/or my minor child will fully comply with District rules, procedures, and instructions relating to health and safety precautions (e.g., social distancing, face coverings, hand washing, sanitization, and temperature and symptom checks).

I agree that I and/or my minor child will not attend the Program if he/she is experiencing any symptoms of COVID-19 and acknowledge that I and/or my minor child will be sent home from the Program if he/she displays any symptoms of COVID-19.

**I have carefully read this “Third Party Participant Use of Glenview 34 Facilities” waiver and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue all Indemnified Parties. This Release is complete and signed of my own free will. I am aware that this Participant Waiver and Release Form waives legal**

**rights between myself, my child(ren), and Glenview 34. I further certify that I have the legal authority to sign on behalf of my child(ren), my spouse and any other parent/guardian of the participating child(ren).**

Participant Name (printed) Participant Signature

Parent/Guardian Name (printed) Parent/Guardian Signature

(If Participant is under 18 years) (if Participant is under 18 years)

Date