

GENERAL PUBLIC PROGRAM REQUEST FORM

Today's Date: _____

Current CLC Student(s) Community Member Other: _____

Name of Individual/Affiliated Group(1): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Name of Individual(2): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Topic to be Discussed (please be specific): _____

| | |
|---|-----------------------|
| Preferred Date [MINIMUM 10 Business Days Advance Notice]: _____ | |
| Arrival time: _____ | Departure time: _____ |

Signature of Individual(1): _____

Signature of Individual(2): _____

*Please complete all information on this and next page and Review Procedures for Policy 911. For latest procedures, please email Hollie McNabb at HMcNabb1@clcillinois.edu
<https://www.clcillinois.edu/aboutclc/depts/scheduling>*

For Grayslake Campus Program Request, email form to: events@clcillinois.edu
For Lakeshore Campus Program Request, email Jesus Ruiz: jruiz20@clcillinois.edu. For Southlake Campus Program Request, email Viki Cvitkovic: vcvitkovic@clcillinois.edu.



19351 West Washington Street, Grayslake, Illinois 60030-1198
847.543.2050

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Name of Individual: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Name of Individual: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Email #: _____

Project, Program or Activity Name: _____

I hereby make notice to be on the premises of the College of Lake County on _____ from _____ to _____

Campus Location _____ Topic to be discussed: _____

I/We _____, hereby agree to assume full responsibility for any and all damages, loss or injuries to Property, Employees or Students of the College of Lake County, arising out of or resulting from my participation in, attending any program or event on the premises of the College of Lake County. It is also agreed that The College of Lake County District 532, its Board of Trustees, Employees, Students, Representatives, and Agents disclaim all responsibility for any injury I sustain, or loss or damage to my equipment and/or personal property while participating in, attending any program or event held on premises of the College of Lake County

It is further agreed and understood that I/We _____ To the extent permitted by law shall indemnify and hold harmless, the College of Lake County District 532, its Board of Trustees, Employees, Students, Representatives, and Agents, against any and all claims, demands, and actions which may be made or instituted against the College of Lake County District 532, its Board of Trustees, Employees, Students, Representatives, and Agents, arising out of my participating in, attending any program or event held on premises of the College of Lake County

I/We _____, hereby agree and understand my participating in, attending any program or event subject to immediate cancellation for reasons necessary and proper for the College of Lake County District 532, its Board of Trustees, Employees, Students, Representatives, and Agents purposes, for violations of this agreement, and for actions that are detrimental, destructive or dangerous to Personnel or Property of the College of Lake County.

I have read this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement. I understand and agree to the terms and conditions. I further understand and agree that I have relinquished substantial rights, and have signed this agreement freely and voluntarily without any inducement.

Signature

Date Signed

Signature

Date Signed

I/We have read and agree to requirements in the Procedures for Policy 911
<https://www.clcillinois.edu/aboutclc/depts/scheduling> _____ Initial _____ Initial