



# Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

Village Hall: 815-827-3309

Fax: 815-827-4040

Website: <http://www.villageofmaplepark.com>

Updated: April 2014

## Maple Park Civic Center Exercise Room

- To reserve the Exercise Room contact the Village Clerk at 815-827-3309.
- The Village rents the exercise room to certified instructors for \$50 for a 5-week session.
- Instructors need to provide proof of insurance.
- Each student needs to sign a Village waiver.
- Instructors charge the students/collect the fee and pay the Village rent.
- If the instructor submits a word document containing class information, the Village will post it on the Village website.

*Exercise class instructors are not employees of the Village.*



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## EXERCISE ROOM RENTAL APPLICATION

NAME OF CERTIFIED INSTRUCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

EVENT START DATE: \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Rental Purpose: \_\_\_\_\_

Approximately how many students are you expecting? \_\_\_\_\_

Phone number(s): \_\_\_\_\_ (home and cell)

E-Mail Address: \_\_\_\_\_

**This form needs to be completed and returned with rental payment to: P.O. Box 220, Maple Park, IL 60151**  
**Questions? Call the Village Office at (815) 827-3309**

### ↓ VILLAGE OFFICE USE ONLY DO NOT WRITE IN THIS AREA ↓

Amount Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Period Paid: \_\_\_\_\_ (dates)

Insurance Form Received

Waivers Received



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## KEY SIGN-OUT SHEET

By signing below you have accepted responsibility of having keys being temporarily assigned to you, allowing you access to the Civic Center Building or any other Village building as assigned. If at any time the keys are lost or misplaced the financial responsibility of re-keying and/or changing the lock(s) will be yours.

The Village of Maple Park at any time without cause or notice may withdraw this privilege.

Printed Name

Address

City, State, Zip Code

Phone Number (Including Area Code)

Signature

Date

Key(s) assigned:

_____	_____
_____	_____
_____	_____

### VILLAGE USE ONLY

Key(s) returned:

_____	_____
_____	_____

Dated Returned:

\_\_\_\_\_

Authorized Signer:

\_\_\_\_\_

**CIVIC CENTER  
EXERCISE ROOM**

**GROUP NAME:** \_\_\_\_\_  
**DATE(S) OF CLASS:** \_\_\_\_\_  
**PERSON RESPONSIBLE:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_

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**EXERCISE ROOM USE WAIVER – ADULTS**

As participant in this class, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including loss of life, damages or loss that I may sustain as a result of participating in any and all activities connected with or associated with such class.

I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the Village of Maple Park and its officers, agents, servants, and employees from any and all claims resulting from injuries and including loss of life, damages and losses sustained by us and arising of our, connected with, or in any way associated with the activities of the class.

I confirm that I as parent, guardian, spouse and head of household, am of legal age to sign on behalf of my family and/or dependents.

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

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Signature

\_\_\_\_\_  
Signature of Responsible Party

**THIS DOCUMENT MUST BE COMPLETED, SIGNED AND RETURNED  
PRIOR TO START OF ACTIVITIES**

# Sample Certificate of Liability Certificate



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/06/11

PRODUCER HCM Insurance Brokers  
2337 Foothill Blvd # 502  
La Verne, CA 91750  
Phone (866) 866-7090 Fax (866) 486-5988

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED: [REDACTED]

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Company	
INSURER B: National Union Fire Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. ADD'L LTR. INSRD.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10,000 Inland marine <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	075-715702	01/01/11	01/01/12	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	075-715702	01/01/11	01/01/12	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>GARAGE LIABILITY</b> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC. AUTO ONLY: AGG
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	<b>EXCESS MEDICAL</b>	SRG0009125090	01/01/11	01/01/12	PER PERSON \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional named insured: [REDACTED]

Event Date: [REDACTED]

Certificate holder added as additional insured.

### CERTIFICATE HOLDER

Village of Maple Park  
P.O. Box 220/ 302 Willow Street  
Maple Park, IL 60151

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*

SAMPLE