WAIVER OF LIABILITY

I, _______________________________

in consideration of being permitted to use facilities of the

Nenahnezad Chapter between the date of ____________, 2016 & ____________, 2016

date

connection with ________________________________ do hereby covenant and agree that the

Nenahnezad Chapter, their Officials, Employees, Members or Representative shall not be liable for any loss, arising from an use of the premises of the Nenahnezad Chapter, of any part thereof, or by any building, structure or improvement thereon, or in any equipment to be used therein, or because of the name, being out of repair or arising from any act or omission of the Nenahnezad Chapter to be liable for any loss, damage, or injury from any cause whatsoever to the property of person of the undersigned or any of its employees, agents, or other person entering upon or using said premises or any part thereof, or to any property stored or placed thereon.

Not withstanding anything to the contrary herein contained and irrespective of any insurance carried by the undersigned for the benefit of the Nenahnezad Chapter, except for injuries and/or damages sustained by persons or property due to willful misconduct or gross negligence the undersigned agrees to protect, indemnify, covenant and hold the Nenahnezad Chapter and said premises harmless from any and all damages and liabilities of whatsoever nature arising out of or in connection with the Nenahnezad Chapter or in the use of occupancy of the premises or arising from any state or condition of said premises or any part thereof.

___________________________________________

SIGNATURE OF REPRESENTATIVE

___________________________________________

CHAPTER ADMINISTRATOR

CONCURRED

___________________________________________

______________________________

DATE

______________________________

DATE
CHAPTER FACILITIES USAGE AGREEMENT FORM

NAME OF ORGANIZATION/INDIVIDUAL(S)  DATE:

___________________________

NAME: ____________________________________________

ADDRESS: ___________________________________________

City: State: Zip: ______________________________________

PHONE NUMBER: (______)__________________________ OPEN DOORS @ ___:___ AM/PM

Date of EVENT/ACTIVITIES: ___________________________ TIME: ____:____ AM/PM

Facility to be USED: Multi-Purpose Hall _____ ½ Multi-Purpose Hall _____

Dining Hall _____  Kitchen _____  Veterans Park _____

*** PLEASE INDICATE # OF TABLES & CHAIRS NEEDED   TABLES: _______ CHAIRS: _______ ***

I agree to abide all rules pertaining to the Chapter facilities usages as described in the Chapter policies and to compensate the Chapter all required charges and fees in good faith before using facilities. I further understand that all damages, which occur to the Chapter as a result of the activity and injuries to and participate of this activity, will be the liability of the organization(s) listed above.

SIGNATURE(S): _________________________________ DATE: ____________________

It is the responsibilities of the user to make arrangement with the Chapter staff to open facilities during non-office hours.

APPROVAL: _________________________________ DATE: ____________________

CHAPTER ADMINISTRATOR

********DO NOT WRITE BELOW THIS LINE*****ADMINISTRATIVE USE ONLY**********

Facilities rented: $ _______________  Cleaning Deposit: $ _______________

Cancellation Fee: $ _______________  Total: $ _______________

Damage Deposit: $ _______________

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