

MT. ZION  
COMMUNITY UNIT SCHOOL DISTRICT #3  
FIELDHOUSE REGISTRATION

**Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Participant's  
First & Last Name

Age

Guest's  
First & Last Name

Age

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**INSURANCE REQUIREMENT:**

**FAILURE TO PROVIDE THE REQUIRED DOCUMENTS PRIOR TO USE MAY RESULT IN REVOCATION OF YOUR PASS.**

A. The user must have their own health insurance coverage (please list below)

Group: \_\_\_\_\_

Policy: \_\_\_\_\_

B. The user agrees to indemnify the District for any applicable deductibles and self-insured retentions.

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

**I / we do hereby stipulate and agree to indemnify and forever hold harmless said Mt. Zion Community Unit School District #3 against any and all claims and demands or actions which may hereinafter at any time be made or instituted against said District its Board Members, employees, or agents and insurers, in both their official and individual capacities, arising out of our use or occupancy of said District facilities except for loss and claims due to willful and wanton conduct of the Mt. Zion Community Unit School District #3 or its employees/agents.**

\_\_\_\_\_  
Signature Printed Name

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_