

## CERTIFICATE OF INSURANCE

Producer <b>SET SEG</b> 1520 Earl Avenue East Lansing, MI 48823	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.
<b>COMPANIES AFFORDING COVERAGE</b>	

Insured <b>Pinconning Area Schools</b> 605 W 5 <sup>th</sup> Street Pinconning MI 48650-8711	<b>A</b> MASB-SEG Property/Casualty Pool, Inc.  <b>B</b> SEG Workers' Compensation Fund
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW 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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Premises/Operations <input checked="" type="checkbox"/> Products/Completed Operations <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Personal Injury	PC-0000356	7/1/22	7/1/23	BI & PD COMBINED OCCURRENCE	\$1,000,000
					BI & PD COMBINED AGGREGATE	N/A
					PERSONAL INJURY OCCURRENCE	\$1,000,000
					PERSONAL INJURY AGGREGATE	N/A

CERTIFICATE HOLDER Delta College 1961 Delta Road University Center, MI 48710	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
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AUTHORIZED REPRESENTATIVE   Emorie Bond PROPERTY/CASUALTY DEPARTMENT	Date November 11, 2022
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(DELTA COLLEGE)
SMALL GROUP FORM FOR FITNESS & RECREATION CENTER
1961 DELTA RD, UNIVERSITY CENTER, MI 48710



DELTA COLLEGE, the College, hereby grants use of the following described facilities, equipment or services for the term indicated and subject to all terms and conditions set forth within and in the current rules and regulations of the College, in accordance with the current fee schedules.

Group Name: Pinconning Central Elementary Group Leader: Shay Dycewicz
Address (Street): 605 W. 5th St Phone: 989-313-0855
(City, State, Zip): Pinconning MI 48650 Alt Contact:
Dates: Dec 22nd 2022 Group Size (minimum of 10 -max of 100)
Beginning Time: 11 Ending Time: 2:00
Usage fee: \$5.00/person Total Fee: \$
Facility Requests: Pool X
Special Requests:

PARTICIPATION IN ANY ACTIVITY WITHIN THE FITNESS & RECREATION CENTER IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE PATRON AND AT HIS OR HER OWN RISK.

I, John Sanford / PASD, the undersigned, for myself and each sponsored dependents and guest, assume full responsibility for death, or any injuries or damages which may occur to me or my sponsored guests or dependents, in, on, or about the premises of the facility and do hereby fully and forever release and discharge Delta College, the Board of Trustees, Delta College employees, volunteers, and representatives, and the Fitness & Recreation Center staff, from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of the facility and equipment thereof, except that arising out of the sole negligence or willful misconduct of Delta College.

I, the undersigned, for myself and my sponsored Dependents and guests, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse the College for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the College and the Fitness & Recreation Center staff are not responsible for any lost or stolen personal belongings.

I, the undersigned, understand the Facility Guidelines and that there are limitations to my use of the Fitness & Rec Center Facilities. I also understand that certain activities have minimum age or height requirements. I undertake to explain the Facility Guidelines to my sponsored Dependents and guests, and to assure their compliance with them.

I, the undersigned, and my sponsored Dependents and guest, desire to voluntarily engage in a recreation program at the Delta College Fitness & Recreation Center. I understand medical clearance is recommended before beginning a recreational program. Consultation with my physician to gain clearance to begin a program is my responsibility, both for myself and for my sponsored Dependents and guests, and highly recommended.

I, the undersigned, have read this form and understand it and the nature of the recreational program. I understand that by signing this form I am giving up certain legal rights. My questions have been answered to my satisfaction.

I, the undersigned, certify that the information I have given in my registration form is complete and accurate. I have provided complete and current contact information. I agree that in the event of an emergency where I cannot be reached, emergency medical treatment may be provided to my sponsored Dependent or guest.

By my signature below, I agree to the provisions of this Release of Liability Waiver for myself, for my sponsored Dependents and guests, and for my heirs and assigns, intending to be legally bound. My signature below indicated I have read, understand, and will follow all the facility policies.

Signature: [Handwritten Signature] / PASD

Date: 11/18/2022