

**Proof of Insurance
and
Release of Liability**

I, _____, representing the _____
(name) (organization)

do hereby provide the required proof of insurance (copy attached) and acknowledge use of the

_____ facility at Missouri School for the Blind on
(specify area)

_____. The _____
(dates) (organization)

uses the MSB facilities at its own risk and hereby releases, discharges and indemnifies Missouri School for the Blind from all liability for personal injury or damage to property.

(Authorized signature, requestor organization) (date)

(Authorized signature, Missouri School for the Blind) (date)