



**Waiver Request (Rules & Regulations - #5 & #12):**

Check this box if there will be no alcohol at your event.

**Name:** \_\_\_\_\_ **Event/Date(s) Scheduled:** \_\_\_\_\_

In accordance with Mid-Ohio Conference Center Rules and Regulations, I hereby request proof of liability insurance certification be waived for the event shown above. In doing so, I/we hereby agree to assume full responsibility and liability for any/all accidents or incidents resulting in injury or damages occurring on MOCC premises or grounds during stated event. I/we also agree to indemnify, defend and hold harmless Mid-Ohio Educational Service Center, its officers, employees, and agents, past and present, from any and all claims of whatever nature which may be brought against Mid-Ohio Educational Service Center, its officers, employees, and agents, past and present, arising from my or my group's use of the Mid-Ohio Conference Center and not caused by the actual negligence of MOCC/Mid-Ohio ESC's officers, employees or agents.

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**MOCC representative** **Date**

**Security Request (Rules & Regulations - #3 & #4) :**

Check this box if there will be no security at your event. *(Signature)* \_\_\_\_\_

Event: \_\_\_\_\_  
Date: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
# of Guards Needed: \_\_\_\_\_ Armed? \_\_\_\_\_ Marked Car? \_\_\_\_\_  
On-Duty Times: Beginning @ \_\_\_\_\_ Ending @ \_\_\_\_\_  
Additional Info: \_\_\_\_\_

INFO-TRAK Notification:  
Date Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_  
INFO-TRAK Confirmation by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
**(Please print your name and the date(s) of your scheduled event)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**