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WAIVER FORM

This is to confirm that the _____ PTA
of PTA District # _____ wishes to reject the commercial general liability insurance
coverage provided to the Illinois Congress of Parents and Teachers, Inc., for the following
reasons:

1. We have purchased other insurance. Please list the company name and
address: _____

2. Other: _____

We understand and agree that by rejection of this insurance, we accept full responsibility
for the payment of all necessary legal expenses, to defend and/or pay claims, alleging
personal injury or property damage arising out of any and all activities of this local
association, (whether incorporated or unincorporated), its officers, employees, or individual
members, either individually or collectively.

NAME OF LOCAL UNIT _____

PRESIDENT'S NAME _____

WAIVER FORM SIGNED BY _____

TITLE _____

WITNESSED BY _____

DATE _____

MAIL TO: Illinois PTA
P O BOX 907
Springfield, IL 62705-0907