

**HEALTH PARTNERS INITIATIVE
AGREEMENT FOR USE OF *LINCOLN IN MOTION* MATERIALS**

Special Event/Use Request Form

Organization: _____

Address: _____
(City) (State) (Zip)

Phone: _____ Fax: _____

E-Mail Address _____

Use/Event Details

Name of Use/Event: _____

Type of Use/Event: _____

Event/Use Date(s) From _____ to _____
(date) (date)

How will the materials be used? _____

Please attach a sample of how the materials will be used.

Target Audience (check all that apply):

- Preschoolers
- Students, Elementary, Middle or High School – Give specific grade:
- All Age Groups
- Adults
- Seniors
- Other: Please specify:

Estimate the number of people reached by this event: _____

I have read the *Lincoln in Motion* event criteria and agree to use the *Lincoln in Motion* materials in accordance with the criteria and only for promoting physical activity programs and agree to the terms and conditions stated. I accept full liability for injury to persons or property connected with the use of these materials.

(Signature) (Title) (Date)

(Partner Organization)

Approved: _____
(Signature)

Health Partners Initiative

(Title)

(Date)

**RETURN FORM TO LINCOLN-LANCASTER COUNTY HEALTH
DEPARTMENT**

Fax: 402/441-8323 or email: sbuhr@ci.lincoln.ne.us