

**TEWKSBURY TOWNSHIP BOARD OF EDUCATION  
173 OLD TURNPIKE ROAD  
CALIFON, NJ 07830  
PHONE: 908-439-2010 FAX: 908-439-2655**

**STATEMENT OF COMPLIANCE WITH THE  
TEWKSBURY TOWNSHIP BOARD OF EDUCATION POLICY #5141.8  
“SPORTS RELATED CONCUSSION AND HEAD INJURY”**

I, \_\_\_\_\_

On behalf of:

\_\_\_\_\_

(hereinafter referred to as ‘Licensee’), hereby certify to the following:

1. The Tewksbury Township Board of Education (hereinafter referred to as the “Licensor”) and the Licensee are Parties to a Use of Public School Facilities Agreement (hereinafter referred to as the “Agreement”) entered into on \_\_\_\_\_, for the purpose of permitting the Licensee to utilize the Tewksbury Township Public School Building (hereinafter referred to as the “Facilities”) for the purpose of \_\_\_\_\_.
2. In accordance with N.J.S.A. 18A:40-41.5(a)(2), the Licensee has read and hereby agrees to comply with Board Policy #5141.8 Sports Related Concussion and Head Injury”, a copy of which is attached and made a part of hereof in connection with its use of the facilities as provided in the Agreement.

WITNESS:

LICENSEE:

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_