

FIRST AMENDMENT TO THE
PROFESSIONAL SERVICES AGREEMENT

THIS FIRST AMENDMENT (this "**Amendment**") is made as of April 25, 2018, by and between **CENTRAL DUPAGE PHYSICIAN GROUP** doing business as **NORTHWESTERN MEDICINE REGIONAL MEDICAL GROUP**, an Illinois not-for-profit corporation ("**RMG**") and **WHEATON PARK DISTRICT** ("**Park District**") (RMG and Park District individually, a "**Party**" and collectively, the "**Parties**") and amends the Professional Services Agreement (the "**Agreement**") dated March 24, 2016 by and between the Parties.

WHEREAS, the Parties desire to modify certain terms of the relationship set forth in the Agreement;

NOW THEREFORE, in consideration of the mutual promises contained herein and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. Exhibit A. Exhibit A of the Agreement shall be amended by changing the hourly rate under Payment Provisions to **Twenty Eight and 00/100 Dollars (\$28.00)**.
2. Remainder of the Agreement. Except as amended or modified by this Amendment, all other terms of the Agreement remain in full force and effect. If there is any discrepancy between a term as modified by this Amendment and the remaining terms of the Agreement, the resolution of the discrepancy shall be controlled by the terms of this Amendment.
3. Effective Date. This Amendment is effective June 1, 2018.

IN WITNESS WHEREOF, the Parties have executed this Amendment.

CENTRAL DUPAGE PHYSICIAN GROUP
d/b/a **NORTHWESTERN MEDICINE**
REGIONAL MEDICAL GROUP

By: Nancy Alcorn-Kell

Name: Nancy Alcorn-Kell

Title: Vice President, Operations

Date: May 4, 2018

WHEATON PARK DISTRICT

By: [Signature]

Name: Mike Benard

Title: Executive Director

Date: 5/4/18

DATE: May 1, 2018

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
 NORTHWESTERN MEMORIAL INSURANCE
 COMPANY
 c/o USA Risk Group (Cayman) Ltd.
 5th Floor, Queensgate House
 113 South Church Street
 P.O. Box 1085 GT
 Georgetown, Grand Cayman
 Cayman Islands

THIS CERTIFICATE IS ISSUED AS A MATTER OF
 INFORMATION ONLY AND CONFERS NO RIGHTS
 UPON THE CERTIFICATE HOLDER. THIS
 CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER
 THE COVERAGE AFFORDED BY THE POLICIES
 BELOW

COMPANIES AFFORDING COVERAGE

COMPANY
 A NORTHWESTERN MEMORIAL INSURANCE
 COMPANY

INSURED
 CDH-DELNOR HEALTH SYSTEM
 D/B/A CADENCE HEALTH
 C/O NORTHWESTERN MEMORIAL HEALTHCARE
 CORPORATE INSURANCE
 211 E. ONTARIO, SUITE 900
 CHICAGO, IL 60611
 COVERAGE

COMPANY
 B
 COMPANY
 C
 COMPANY
 D

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE
 INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY
 REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO
 WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THIS INSURANCE AFFORDED BY THE
 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
 POLICIES, ON FILE AT OFFICE OF NAMED INSURED. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID
 CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Professional Liability	NMIC-017WR	6/1/2018	6/1/2019	\$1,000,000 each claim \$3,000,000 aggregate
A	General Liability	NMIC-017WR	6/1/2018	6/1/2019	\$1,000,000 each claim \$3,000,000 aggregate

*/ In the event of any conflict between limits shown on this certificate and the limits to be afforded under certificate holder's contract
 with Insured, the lesser of the two limits applies.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Evidence of coverage in effect for Central DuPage Physician Group dba Northwestern Medicine Regional Medical Group
 (NMRMG) to provide athletic training services to students of the Wheaton Park District, pursuant to contract, 1st
 Amendment renewal date, effective 6/1/2018. Wheaton Park District shall be named as an additional insured per general
 liability coverage.

CERTIFICATE-HOLDER

Wheaton Park District
102 East Wesley Street
Wheaton, IL 60187

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED
 POLICIES BE CANCELLED BEFORE THE
 EXPIRATION DATE HERETO, THE ISSUING
 COMPANY WILL ENDEAVOR TO MAIL 30 DAYS
 WRITTEN NOTICE OF THE CERTIFICATE HOLDER
 NAMED TO THE LEFT, BUT FAILURE TO MAIL
 SUCH NOTICE SHALL IMPOSE NO OBLIGATION
 OR LIABILITY OF ANY KIND UPON THE
 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE