

# AMERICAN YOUTH FOOTBALL & AMERICAN YOUTH CHEER OFFICIAL 2012 INSURANCE PLAN

*For Tackle Football, Flag Football, And Cheer*

For Policy Year beginning June 30, 2012 and ending June 30, 2013



American Youth Football, Inc.  
1000 South Point Drive TH-9  
Miami, FL 33139



[www.americanyouthfootball.com](http://www.americanyouthfootball.com)  
[www.americanyouthcheer.com](http://www.americanyouthcheer.com)

Available Only For Members Of  
American Youth Football And American Youth Cheer

## Two Ways To Apply For Coverage

**NOTE: Insurance Plan is not available in the state of Washington  
(If you are in Washington - Call Sadler & Company for other options.)**

### **1) For Fastest Service And Least Expensive AYF Membership Charges:**

- ➔ **Join AYF by going to [www.joinayf.com](http://www.joinayf.com) and clicking on "Join Now".** The AYF membership charges are \$30 per tackle team, \$15 per flag team, and \$20 per cheer squad.
- ➔ **After joining AYF, and receiving your insurance password, go to [www.sadlersports.com/ayf](http://www.sadlersports.com/ayf) and click on the icon "Apply For Coverage Online".**

***You will receive an immediate insurance confirmation email with your proof of coverage attached. .***

### **2) For Regular Service And Higher AYF Membership Charges Complete The Paper Forms In This Brochure.**

- ➔ **Complete the paper 2012 Insurance Enrollment Form** in this brochure along with the 2012 AYF Application For Membership. Coverage can be effective once your fully completed 2012 Insurance Enrollment Form and 2012 AYF Application For Membership are received at Sadler & Company by mail, overnight delivery, or fax.
- ➔ **If you use the enclosed 2012 AYF Membership Application** (instead of the online registration) your charges will be \$35 per tackle team, \$20 per flag team, and \$25 per cheer squad. These charges are \$5 per team/cheer squad higher than the online AYF membership registration to account for the increased administrative expenses to AYF for manual entry of this data into their computer system. Online registration is a less expensive and faster way to apply for AYF Membership plus you will have the ability to access AYF services and obtain a copy of your AYF Membership right away.
- ➔ **If you fax the 2012 Insurance Enrollment Form and 2012 AYF Application For Membership, be sure to follow the special instructions contained in this brochure. You should receive your proof of coverage documents via email, or US Mail within 10 business days. (If you use the online insurance enrollment instead of the paper enrollment, you will receive your proof of coverage documents via email immediately within seconds.)**

**SADLER**  
**SPORTS & RECREATION INSURANCE**

P O Box 5866 Columbia, SC 29250-5866

Phone: 1-800-622-7370

Email: [ayf@sadlersports.com](mailto:ayf@sadlersports.com) [www.sadlersports.com/ayf](http://www.sadlersports.com/ayf)

# How To Fax A Check

In Order To Send A Check By Fax,  
Please Follow These Simple Steps:

- 1) Complete the Enrollment Form/Application for insurance coverage.
- 2) Make check payable to: Sadler & Company, Inc. Fill check out for the correct amount and make sure that it is dated and signed. Do not “void” the check & please keep the original in case we need to have you forward it to us at a later date. *(This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.)*
- 3) Photocopy your check so that the page can be faxed.
- 1) **Sometimes, we can't read all of the numbers and words on the faxed check because they are too small or the fax is not clear. As a result, you are required to hand write the following on the photocopied page of the check:**



**A) Transit Number** – (The Transit Number(s) are the small #'s with the “-“ and/or “/” in it. The Transit Number is found somewhere near the check number and date).

The transit number **IS NOT** the number(s) at the bottom of the check.

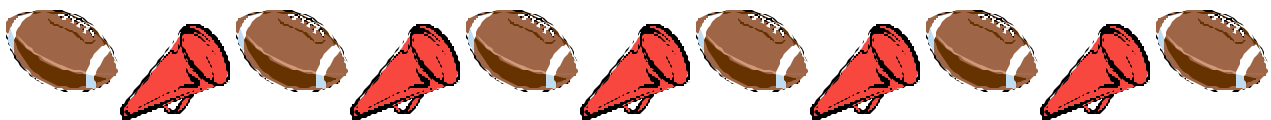


**B) Name and address of your bank exactly like it appears on your check** do not look up the address in the phone book – we must duplicate your check exactly as it is printed.



**NOTE: DO NOT FAX CASH, MONEY ORDERS, STARTER CHECKS, CASHIER CHECKS, COUNTER CHECKS, PURCHASE ORDERS, WARRANTS OR CHECKS THAT REQUIRE 2 SIGNATURES!!**

- 5) Fax your Enrollment/Application and your check to us at: 1-803-256-4017.
- 6) Keep your original check for your records. **Do NOT mail it to Sadler & Company** as this could cause us to double issue your coverage and **DOUBLE DEPOSIT YOUR CHECK**. *(If there is a problem with processing your check, we will let you know and will then let you know what we need to do to process your application.)*



WE WILL EMAIL OR CALL YOU IF THERE IS A PROBLEM WITH YOUR CHECK OR APPLICATION.

**DUE TO THE VOLUME OF APPLICATIONS THAT WE RECEIVE ON A DAILY BASIS, YOU WILL NOT RECEIVE CONFIRMATION BACK BY TELEPHONE, EMAIL OR FAX.**



# 2012 INSURANCE ENROLLMENT FORM

## ACCIDENT & GENERAL LIABILITY INSURANCE



**AMERICAN YOUTH FOOTBALL & AMERICAN YOUTH CHEER - INSURANCE PLAN**  
(Available Exclusively For Members of American Youth Football & American Youth Cheer)

Note: This Insurance Plan is not available in the state of Washington (If you are in Washington - Call Sadler & Company for other options.)

### SECTION I – IDENTIFICATION

*Please TYPE or PRINT using Black INK*

Name of Sports Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     )     Daytime Phone: (     )     Fax #: (     )

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Is the organization listed above a "Team", "Association", or "Conference"?     Team     Association\*     Conference\*  
\*If applying as an Association or Conference, you must pay charges on behalf of ALL teams in the Association or Conference.

**IF INSURING A CONFERENCE: PLEASE FORWARD A LIST OF MEMBER ASSOCIATIONS IN THE CONFERENCE**

### SECTION II – PREMIUM COMPUTATION

1. See the rate chart on the following page to determine which coverage you would like to purchase based on the General Liability Limit and the Accident Deductible.
2. Complete this sentence: **I AM CHOOSING COVERAGE OPTION # \_\_\_\_\_** (see rate chart on next page for option #'s and rates)
3. Use the rates for the coverage option you chose to complete the chart below based on what you are applying for.

**SECTION II – PLEASE CHECK ONE BOX BELOW FOR THE GENERAL LIABILITY COVERAGE LIMIT YOU WISH TO PURCHASE & INSERT THE CORRECT CHARGE FROM THE RATE CHART.**  
(Please see separate page with different options for Accident Deductibles)

TACKLE FOOTBALL	# TEAMS	X	CHARGE	:	TOTAL CHARGE
Tackle Football – Ages 9 & Under		X	\$	=	\$
Tackle Football – Ages 12 & Under		X	\$	=	\$
Tackle Football – Ages 15 & Under		X	\$	=	\$
FLAG FOOTBALL	# TEAMS	X	CHARGE	:	TOTAL CHARGE
Flag Football - ALL TEAMS (Ages 5-17)		X	\$	=	\$
CONTENDER Flag Football (Handicapped) - ALL TEAMS (Age 5-17)		X			
CHEER / DANCE / STEP SQUADS <i>Choose as many CLASSES that apply</i>	# SQUADS	X	CHARGE	:	TOTAL CHARGE
<b>CLASS 1:</b> Cheer/Dance/Step/Contender Squads Affiliated with Your Football Teams (Ages 5-18)		X	NO CHARGE	=	NO CHARGE
<b>CLASS 2:</b> Cheer/Dance/Step/Contender Squads Affiliated With Your Football Teams That Will Also Participate In Competitions Other Than Local Association or Official AYC Regional or National Championships. (NOTE: Class 2 squads must also be Class 1 and you must show the # of squads for each class.) (Ages 5-18)		X	\$	=	\$
<b>CLASS 3:</b> Cheer/Dance/Step/Contender Squads Not Affiliated With Your Football Teams (Independent Cheer/Dance/Step Squads). (Ages 5-18)		X	\$	=	\$

**Total Premium Due:** \$ \_\_\_\_\_



# ACCIDENT & GENERAL LIABILITY INSURANCE

(Available Exclusively For Members of American Youth Football & American Youth Cheer)



## AMERICAN YOUTH FOOTBALL & AMERICAN YOUTH CHEER INSURANCE PROGRAM

**Note: This Insurance Plan is not available in the state of Washington  
(If you are in Washington Call Sadler & Company for other options.)**

### 2012 RATE CHARTS WITH ACCIDENT DEDUCTIBLE OPTIONS

CHARGES PER TEAM OR SQUAD \$100 Accident Deductible Class 1 Cheer includes Contender Cheer	OPTION #1 \$100,000 Accident & \$1,000,000 General Liability	OPTION #2 \$100,000 Accident & \$2,000,000 General Liability	OPTION #3 \$100,000 Accident & \$5,000,000 General Liability
Tackle Football - AGES 9 & Under	\$169.00	\$185.00	\$221.00
Tackle Football - AGES 12 & Under	\$220.00	\$235.00	\$271.00
Tackle Football - AGES 15 & Under	\$345.00	\$362.00	\$398.00
Flag Football - ALL TEAMS (Age 5-17)	\$ 70.00	\$ 75.00	\$ 98.00
CONTENDER Flag Football ( <i>Handicapped</i> ) - ALL TEAMS (Age 5-17)	\$ 70.00	\$ 75.00	\$ 98.00
<b>CLASS 1:</b> Cheer/Dance/Step/Contender Squads Affiliated with Your Football Teams (Ages 5-18)	NO CHARGE	NO CHARGE	NO CHARGE
<b>CLASS 2:</b> Cheer/Dance/Step Squads Affiliated With Your Football Teams That Will Also Participate In Competitions Other Than Local Association or Official AYC Regional or National Championships. ( <i>NOTE: Class 2 squads must also be Class 1 and you must show the # of squads for each class.</i> ) (Ages 5-18)	\$ 35.00	\$ 39.00	\$ 62.00
<b>CLASS 3:</b> Cheer/Dance/Step Squads Not Affiliated With Your Football Teams (Independent Cheer/Dance/Step Squads). (Ages 5-18)	\$ 78.00	\$ 82.00	\$ 118.00

CHARGES PER TEAM OR SQUAD \$250 Accident Deductible Class 1 Cheer includes Contender Cheer	OPTION #4 \$100,000 Accident & \$1,000,000 General Liability	OPTION #5 \$100,000 Accident & \$2,000,000 General Liability	OPTION #6 \$100,000 Accident & \$5,000,000 General Liability
Tackle Football - AGES 9 & Under	\$166.00	\$182.00	\$218.00
Tackle Football - AGES 12 & Under	\$211.00	\$226.00	\$262.00
Tackle Football - AGES 15 & Under	\$330.00	\$347.00	\$383.00
Flag Football - ALL TEAMS (Age 5-17)	\$ 68.00	\$ 73.00	\$ 96.00
CONTENDER Flag Football ( <i>Handicapped</i> ) - ALL TEAMS (Age 5-17)	\$ 68.00	\$ 73.00	\$ 96.00
<b>CLASS 1:</b> Cheer/Dance/Step Squads Affiliated with Your Football Teams	NO CHARGE	NO CHARGE	NO CHARGE
Cheer/Dance/Step Squads Affiliated With Your Football Teams That Will Also Participate In Competitions Other Than Local Association or Official AYC Regional or National Championships. ( <i>NOTE: Class 2 squads must also be Class 1 and you must show the # of squads for each class.</i> ) (Ages 5-18)	\$ 34.00	\$ 38.00	\$ 61.00
<b>CLASS 3:</b> Cheer/Dance/Step Squads Not Affiliated With Your Football Teams (Independent Cheer/Dance/Step Squads). (Ages 5-18)	\$ 75.00	\$ 79.00	\$ 115.00

CHARGES PER TEAM OR SQUAD \$0 Accident Deductible Class 1 Cheer includes Contender Cheer	OPTION #7 \$100,000 Accident & \$1,000,000 General Liability	OPTION #8 \$100,000 Accident & \$2,000,000 General Liability	OPTION #9 \$100,000 Accident & \$5,000,000 General Liability
Tackle Football - AGES 9 & Under	\$179.00	\$195.00	\$231.00
Tackle Football - AGES 12 & Under	\$233.00	\$248.00	\$284.00
Tackle Football - AGES 15 & Under	\$371.00	\$388.00	\$424.00
Flag Football - ALL TEAMS (Age 5-17)	\$ 74.00	\$ 79.00	\$102.00
CONTENDER Flag Football ( <i>Handicapped</i> ) - ALL TEAMS (Age 5-17)	\$ 74.00	\$ 79.00	\$102.00
<b>CLASS 1:</b> Cheer/Dance/Step Squads Affiliated with Your Football Teams	NO CHARGE	NO CHARGE	NO CHARGE
<b>CLASS 2:</b> Cheer/Dance/Step Squads Affiliated With Your Football Teams That Will Also Participate In Competitions Other Than Local Association or Official AYC Regional or National Championships. ( <i>NOTE: Class 2 squads must also be Class 1 and you must show the # of squads for each class.</i> ) (Ages 5-18)	\$ 36.00	\$ 40.00	\$ 63.00
<b>CLASS 3:</b> Cheer/Dance/Step Squads Not Affiliated With Your Football Teams (Independent Cheer/Dance/Step Squads). (Ages 5-18)	\$ 82.00	\$ 86.00	\$ 122.00



Name of AYF/AYC Organization (Be Specific):

**SECTION III – Request Certificates Of Insurance (COI):** Please indicate the entities below that require a COI and complete the requested information. *If you do not provide the complete mailing address & indicate the Relationship we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy (if purchased) and will be shown as such on the COI. Please note that COI's will not be sent directly to these entities – they will be sent to you for you to deliver. If the certificate holder requires any special wording or forms, please send a copy for our review.*

**(1) Name of Certificate Holder:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Relationship to your organization: <input type="checkbox"/> Property/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2012 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required

**(2) Name of Certificate Holder:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Relationship to your organization: <input type="checkbox"/> Property/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2012 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required

**(3) Name of Certificate Holder:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Relationship to your organization: <input type="checkbox"/> Property/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2012 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required

**If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.**

**How did you find out about Sadler Sports & Recreation Insurance? (Please Check One)**

<input type="checkbox"/> Already a client of Sadler	<input type="checkbox"/> Referred by AYF/AYC	<input type="checkbox"/> Referred by another team/association
<input type="checkbox"/> Mailing From Sadler	<input type="checkbox"/> Mailing From AYF/AYC	<input type="checkbox"/> Link from AYF Website
<input type="checkbox"/> Google Search Engine	<input type="checkbox"/> Yahoo Search Engine	<input type="checkbox"/> Other (explain:)

**SECTION IV – WAIVER & RELEASE OF LIABILITY FORMS:** Waiver & Release Forms are highly recommended for all football participants and Class 1 Cheerleaders. Waiver & Release forms are required for Class 2) and 3) under cheerleading. A SAMPLE WAIVER & RELEASE form is included with this brochure.

**SECTION V – SAFETY RULES:** It is agreed that the insured organization will follow the National High School Federation safety rules as adopted by our state. In addition, all head coaches (football & cheer) will have prior experience as either a former participant or coach in the sport.

**SECTION VI - AMERICAN YOUTH FOOTBALL AND/OR AMERICAN YOUTH CHEER MEMBERSHIP:** It is agreed that the organization has applied for new or renewal membership in American Youth Football and/or American Youth Cheer by either going online at [www.joinayf.com](http://www.joinayf.com) and completing online registration, or completing the enclosed Application For Membership and paying the appropriate membership and including them with this insurance enrollment. **FAILURE TO EITHER REGISTER ONLINE OR RETURN APPLICATION FOR MEMBERSHIP INCLUDING APPROPRIATE FEES ALONG WITH THIS INSURANCE ENROLLMENT WILL RESULT IN NO COVERAGE BEING BOUND.**

**SECTION VII - EFFECTIVE AND EXPIRATION DATES** I/We understand that the coverage begins on the date the completed insurance enrollment form is received and approved at Sadler & Company concurrent with the payment of the entire charges or June 30, 2012, whichever date is later. Coverage expires on June 30, 2013 regardless of the effective date. I/We understand that charges are fully earned at inception and there are no provisions for cancellation of coverage, except for non-payment of charges due.

**SECTION VIII - RISK PURCHASING GROUP:** The completion of this enrollment form confirms our desire to obtain insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL. The charges shown include a risk purchasing group membership fee equal to approximately 10% of total premiums, in addition to our broker commission.

**Note: This Insurance Plan is not available in the state of Washington (Call Sadler & Company for other options.)**

Insurance Coordinator's Signature

Date



**Signature Required**

**SIGN AND FAX OR MAIL THIS ENROLLMENT WITH YOUR CHECK TO:**  
SADLER & COMPANY, INC.

P O BOX 5866 COLUMBIA, SC S 29250-5866

PHONE: 1-800-622-7370 FAX: (803) 256-4017

**FOR OVERNIGHT DELIVERY:**

SADLER & COMPANY, INC.  
3014 DEVINE STREET, 2<sup>ND</sup> FLOOR  
COLUMBIA, SC 29205

Email: [ayf@sadlersports.com](mailto:ayf@sadlersports.com)

**FOR OFFICE USE ONLY:**

EFFECTIVE DATE \_\_\_\_\_

EXPIRATION DATE: 06-30-2013

**PAGE 2 OF 2 YOU MUST RETURN BOTH PAGES**



# General Liability Insurance

(Underwritten by National Casualty Company, Best's Rated "A+")



**PURPOSE OF COVERAGE:** The Commercial General Liability Insurance covers claims for bodily injury, property damage, participant legal liability, products liability, and personal/advertising injury liability. **There is a \$1,000,000 per occurrence limit for Bodily Injury and Property Damage.**

***NOTE: You can increase your limit to \$2,000,000 or \$5,000,000 for an additional charge.***

***(REFER TO: 2012 INSURANCE ENROLLMENT FORM – RATE CHART)***

## WHO IS PROTECTED

**A. INSURED:** Coverage is provided for the AYF or AYC member organization that is listed under **SECTION I – IDENTIFICATION** on the **2012 ACCIDENT/GENERAL LIABILITY ENROLLMENT FORM** and its officers, directors, employees, managers, coaches, trainers, game officials, and other managing personnel, while acting on behalf of the insured football team or cheer squad.

***NOTE: Coverage is provided for the association/conference and its officers and directors only if ALL of the teams in the association/conference are insured under one enrollment form.*** Many associations/conferences make the mistake of allowing their teams or local associations to purchase coverage on an individual basis. When things are done this way, there is no coverage for the association/conference itself and its directors and officers. Instead, the association/conference should purchase the coverage under its own name and should pay a premium on behalf of 100% of all member teams.

**B. ADDITIONAL INSURED:** "Additional Insured" status will be afforded to facility or property owners such as Cities, Municipalities, School Districts, Individuals, etc. Additional Insured Certificates may be requested on Section III of the enrollment form.

## MAJOR COVERAGE AFFORDED BY THIS POLICY

- |  |                          |  |                       |                       |
|--|--------------------------|--|-----------------------|-----------------------|
| Each Occurrence Limit:   | <b><i>Choice of:</i></b> | Option 1: \$1,000,000,                                       | Option 2: \$2,000,000 | Option 3: \$5,000,000 |
| General Aggregate Limit (Other than Products-Completed Operations) |                          | None   |                       |                       |
| Products-Completed Operations Aggregate Limit                      |                          | Option 1: \$1,000,000  | Option 2: \$2,000,000 | Option 3: \$5,000,000 |
| Personal and Advertising Injury Limit                              |                          | Option 1: \$1,000,000  | Option 2: \$2,000,000 | Option 3: \$5,000,000 |
| Legal Liability to Participants                                    |                          | Option 1: \$1,000,000  | Option 2: \$2,000,000 | Option 3: \$5,000,000 |
| Sexual Abuse and Molestation                                       |                          | \$1,000,000 Each Occurrence (\$2,000,000 Per Team Aggregate) |                       |                       |
| Damage to Premises Rented To You                                   |                          | \$ 300,000   |                       |                       |
| Medical Expense (Any One Person)                                   |                          | \$ 5,000   |                       |                       |
| Non-Owned & Hired Auto Liability                                   |                          | \$1,000,000  |                       |                       |
- Ownership, maintenance, or use of football fields, stands, and playing areas by AYF or AYC members.
  - All activities necessary or incidental to the conduct of practice, exhibition, scheduled and post-season games or competitions
  - Sale of Concession Food Products
  - Fundraising, meetings, and award banquets
  - Cost of Investigation and defense against claims
  - Liability assumed under insured written contracts
  - Advertising Liability
  - No exclusion for player vs. player, or volunteer vs. volunteer
  - Legal Liability for libel, slander, defamation of character, wrongful eviction, and invasion of privacy

## MAJOR EXCLUSIONS IN THIS POLICY

- Non-Owned & Hired Auto Liability coverage for individual drivers for injury to athletes or participants resulting from organized transportation arranged or provided by the insured organization. *This exclusion does not apply to the covered organization itself.*
- Non-Owned & Hired Auto Liability resulting from use of 15 passengers vans.
- The use of owned automobiles, buses, watercraft, and aircraft
- Property of others in the care, custody, and control of the insured
- Injury or death of an employee

This is only a very general reference to what coverage(s) the insurance policy (or policies) will provide, and is not intended to attempt to describe all of the various details pertaining to the insurance. Actual coverages are detailed in the policy of insurance and are always subject to all terms, provisions, conditions, and exclusions as contained therein.

**Minor Waiver/Release**  
**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_, my child/ward, being allowed to  
Name Of Minor Child/Ward  
participate in any way in the \_\_\_\_\_ related events and activities,  
Legal Name Of Your Sports Program, Ex: Association Name  
the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS \_\_\_\_\_; its directors, officers, officials, agents,  
Legal Name Of Your Sports Program, Ex: Association Name  
employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)  
Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME)

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)  
Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME)

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**NOTE:** This is a SAMPLE WAIVER FORM only. Final wording should be as directed by the insured's counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.



# Accident Insurance Underwritten by ACE

American Insurance Company, Best's Rated "A+"



The coverage provides Accident Benefits for covered losses while the coverage is in force for defined Insureds, subject to the following limits and exclusions.

### COVERAGE PERIOD:

Coverage starts the later of June 30, 2012, or the date that this enrollment form is received and approved, concurrent with the payment of the total amount due. All coverages expire on June 30, 2013, regardless of the effective date of coverage.

### WHO IS COVERED:

Insured persons include football players and cheerleaders, coaches, managers, officials, employees, volunteers, staff members, team workers, media personnel, and VIP's of the participating organization of the policyholder.

### WHAT IS COVERED:

Accidental injuries that occur during Covered Activities. Covered Activities are scheduled, approved and adult supervised team or association activities including but not limited to tryouts, practice, play, tournaments, clinics, fundraisers, award banquets, team outings, and parades including direct travel to and from the place of such covered activity.

### LIMITS:

\$100,000 Excess Medical Limit

- (Benefits are excess to any other valid and collectible insurance covering the same injury)
- (A deductible of \$0, \$100 or \$250 may apply. The amount of the deductible depends on the insurance plan your organization purchased.)
- Benefit Period: 104 weeks

\$10,000 Face Amount for Accidental Death and Specific Losses

### SYNOPSIS OF COVERAGE:

#### MEDICAL

The plan pays covered expenses resulting from an Accidental Injury that are incurred within 104 weeks of the accident. The first expense must be incurred within 90 days of the accident. Covered Expenses include, but are not limited to, the reasonable and customary charges for local, professional ambulance service; hospital or surgical center care; medical treatment; nursing care; x-ray and lab exams; prescription drugs and other therapeutic services and supplies; dental treatment of sound, natural teeth; and certain home health care services.

#### ACCIDENTAL DEATH AND SPECIFIC LOSSES – PRINCIPAL SUM: \$10,000

The plan pays the benefit shown for certain losses occurring with one year of the Covered Accident:

100% of Principal Sum: If Accidental Death to the Insured occurs, we will pay the 100% of the Principal Sum.

100% of Principal Sum: Loss of Two or More Members

50% of Principal Sum One Member

25% of Principal Sum: Thumb and Index Finger of the Same Hand

**"Member"** means Loss of Speech, Loss of hearing, Loss of Hand or Foot, and Loss of Sight. **"Loss of "Hand or Foot"** means complete severance through or above the wrist or ankle joint. **"Loss of Sight"** means the total permanent Loss of Sight of one eye that is irrevocable by natural, surgical or artificial means. **"Loss of Speech"** means total and permanent loss of audible communication that is irrevocable by natural, surgical or artificial means. **"Loss of Hearing"** means total and permanent Loss of Hearing in both ears that is irrevocable and cannot be corrected by any means. **"Loss of Thumb and Index Finger of the Same Hand"** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). **"Severance"** means the complete separation and dismemberment of the part from the body.

#### Important Notice:

This information is a brief description of the important features of the insurance plan under Policy Form AH-10324. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

**Note: This Insurance Plan is not available in the state of Washington**

**(If you are in Washington - Call Sadler & Company for other options.)**

(See Reverse For a List of Exclusions)



# *Accident Insurance (cont.)*

*Underwritten by ACE American Insurance Company, Best's Rated "A+"*



## **EXCLUSIONS:**

**We will not pay benefits for any loss or Injury that is caused by, or results from:**

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not.
4. service in the military, naval or air service of any country.
5. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
7. commission of, or attempt to commit, a felony, an assault or other illegal activity.
8. alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.

**In addition to the exclusions above, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:**

1. Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Insured's household.
2. Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
3. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
4. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
5. Mental and Nervous Disorders (except as provided in the Policy).
6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
7. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
8. Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
9. Injury or loss contributed to by the use of drugs unless administered by a Doctor.
10. Injury or death to which a contributing cause is the Insured's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Insured is engaged in an illegal occupation.
11. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
12. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
13. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
14. Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
15. Conditions that are not caused by a Covered Accident.

**This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.**