

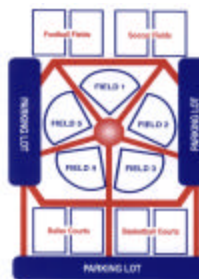


“Looking To The Future”

Sportsplex Operators & Developers Association

National Amateur Sports Insurance Program

Available 01-01-2010 to 12-31-2010



P.O. Box #24263
Westgate Station
Rochester, NY 14624-0263
www.amateursportsinsurance.com
Phone: (585) 426-2215
Fax to: (585) 247-3112



SODA NATIONAL INSURANCE PROGRAM

In our continuing efforts to be recognized as “the organization” devoted to the advancement of recreational sports facilities, SODA is again proud to offer this National Sports Insurance Program. Amateur sports teams and leagues, both adult and youth, in the sports of baseball, basketball, inline hockey, flag/touch football, lacrosse, soccer, softball, tennis and volleyball are able to participate in this national program. We also offer coverages for **tournaments, youth camps & clinics, sports officials and field owners** in the above referenced sports.

The SODA Insurance Program combines broad coverages, highly competitive prices, and exemplary service in terms of processing paperwork, answering questions and claims administration. Also offered are optional coverages for Directors & Officers Liability, Crime and Equipment Coverage for local sports organizations.

ELIGIBLE SPORTS FOR THIS PROGRAM INCLUDE: Baseball, Basketball, Cricket, Dodgeball, Flag Football, Frisbee, Golf, Inline Hockey, Kickball, Lacrosse, Soccer, Softball, Tennis, and Volleyball. We cover both **YOUTH and ADULT teams or leagues**. All sports must be amateur. **All professional and/or semi-professional athletic participants are excluded**. If your sport is not listed here, please contact Sadler & Company, Inc. at 1-800-622-7370 or via email at: soda@sadlersports.com.

NATIONAL SPORTS ASSOCIATIONS POOL

Many regional and national sports associations don't have the “buying power” to negotiate the most favorable coverages and prices for their own insurance programs. As a result, SODA welcomes such organizations to join SODA and participate in the SODA insurance program for the benefit of their members.

SODA MEMBER ENDORSEMENTS FOR 2010

AAABA - Adult Baseball Leagues * ABA Sports Leagues, Inc. * All American Amateur Baseball * All American Sports * Chinese Christian Union Leagues (CCUL) * GRADA - Disc Golf Association * IAAA Basketball Assoc. * Long Island Tennis & Sports Foundation * Maryland Softball Assoc. * Mills Ponds Umpires Association (MPUA) * N. American Fast-Pitch Assoc. * National Amateur Sports Federation * National Association of Sports Coaches (NASC) * National Fast Pitch Softball Assoc. * National Flag & Touch Football League * New England Youth Soccer Org. * Orange County Women's Soccer Association * Pony Leagues * Randalls Island Sports Foundation * Senior Softball Assoc. * The Epic Center * United States Fastpitch Assoc. * United States Flag & Touch Football League * USA Basketball Alliance * Valley Stream Roller Hockey Leagues, Inc. * Western NY Lacrosse Leagues **(Be a part of this great program. Have your association or group contact Sadler & Company at 1-800-622-7370.)**

COVERAGE TERRITORY The coverage is only for those teams domiciled in the U.S. Coverage does apply to those U.S. teams that play in tournaments in Canada. We cannot cover any teams domiciled in Canada.

Please refer all credit card or payment questions to SODA at 1-585-426-2215.

Refer all insurance coverage and claim questions to Sadler & Company at 1-800-622-7370 or Email: soda@sadlersports.com.

Sadler & Company of SC, Inc. - Arkansas (Lic##254179)

D/B/A Sadler Insurance Agency in CA Lic. # OB57651

John Sadler Insurance Services in MA

Sadler Agency - New York (PC-532473 and LA-532473)

Sadler Insurance Agency in OK

Sadler and Company - Vermont (License #577)



SODA - NATIONAL AMATEUR SPORTS INSURANCE PROGRAM PLAN DESCRIPTIONS

Available 01-01-2010 to 12-31-2010

EXCESS MEDICAL

- \$100,000 Excess Medical Benefit (Excludes Adult Soccer)
- \$25,000 Excess Medical Benefit (Adult Soccer Only)
- \$5,000 Accidental Death & Dismemberment
- \$250 Per Claim Youth Deductible
- \$500 Per Claim Adult Deductible
- Coverage is “excess” which means that other collectible insurance (if any) must first respond before this plan will pay any benefits.
- Covers usual & customary expenses incurred within 52 weeks after the date of the accident. The first expense must be incurred within 90 days of the date of the accident.
- Underwritten by an “A” rated insurance carrier
- Coverage Available From 1-1-2010 to 12-31-2010. (All coverages for teams & leagues expire 12-31-2010 regardless of effective date.)
- Coverage for Tournaments & Camps & Clinics will expire on the last date of the event listed on the enrollment form.)

ALL ADULT SPORTS

The limitations shown below apply to Adult Teams & Adult Tournaments, and will apply to all participants of the team regardless of age.

Physical Therapy & Chiropractic Visits 5 - Visit Maximum/\$50 per Visit; Hospitalization - Inpatient & Outpatient - \$1,000 Maximum; Surgeon’s Benefits - \$2,500 Maximum; Anesthesia and Assistant Surgeon – Maximum 25% of Surgeon’s Benefits; Emergency Room - \$500 Maximum; Physicians Visits - \$50 Maximum Per Visit.

GENERAL LIABILITY

- \$2,000,000 per “occurrence” Combined Single Limit Bodily Injury and Property Damage, including Products/Completed Operations, Personal and Advertising Injury, Contractual Liability, Independent Contractors and Participant Legal Liability.
- Participant Legal Liability for Adult Sports (except Adult Soccer) is limited to \$500,000 when Excess Medical coverage is not purchased and \$2,000,000 when Excess Medical coverage is purchased. A signed waiver/release from the adult participant will be required if Excess Medical coverage is not purchased.
- Participant Legal Liability for Adult Soccer is limited to \$500,000 when Excess Medical coverage is not purchased and \$1,000,000 when Excess Medical coverage is purchased.
- When the Adult General Liability Only option is chosen (without supporting Excess Medical coverage), a waiver & release form is required, otherwise the coverage for Participant Legal Liability will be voided.
- There is No General Aggregate. The Products/ Completed Operations is subject to a \$2,000,000 Aggregate.
- \$300,000 Fire Legal Liability
- \$5,000 Medical Expense Payments
- **Waiver & release forms from all participants (youth and adult) is strongly recommended. (A sample form is attached for your use and reference.)**
- Underwritten by an “A” rated insurance carrier
- Coverage Available From 1-1-2010 to 12-31-2010. (All coverages for teams & leagues expire 12-31-2010 regardless of effective date.)
- Coverage for Tournaments & Camps & Clinics will expire on the last date of the event listed on the enrollment form.)
- Notable Exclusions: Sexual Abuse & Molestation, Terrorism and Professional and/or Semi-professional athletic participants.
- Coverage is limited to U.S. based entities only.

Note: The intent of this insurance program is to insure all teams within a league under one enrollment form. Insuring all of the teams allows General Liability coverage to be extended to the league and its directors and officers. Please refrain from insuring all the teams within the league under separate enrollment forms as this reduces coverage and results in additional administrative expense. However, an individual team may purchase coverage with the limitations noted above.

TEAMS/LEAGUES

- Teams and leagues can be insured under the coverages as outlined above.
- Under the Excess Medical policy, covered persons include all players, coaches, managers, and other volunteer workers, while acting on behalf of the insured organization. Covered events include tryouts, practice, games, tournaments and other non-sport outings that are team sanctioned and adult supervised.
- Under the General Liability policy, covered persons include the sports organization and its directors, officers, employees and volunteers. Field owners and sponsors are included as “Additional Insureds” for no extra charge.

TOURNAMENTS

- Organizations or persons who host or organize tournaments (for SODA eligible sports) can purchase the Medical and General Liability coverages referenced above to protect both the organizer and the visiting teams. The facility owner is included as “Additional Insured” under the General Liability policy for no extra charge.
- Tournaments that exceed 3 days are not eligible under the standard plan – call Sadler & Company. Makeup due to weather postponements are allowed, but there are no refunds of charges paid. These must be reported in writing to Sadler & Company prior to the makeup date(s).

CAMPS & CLINICS

(Available for YOUTH ONLY)

- Organizations or persons that conduct camps or clinics (for SODA eligible sports) can purchase the above referenced Medical and General Liability coverages to protect the organizer and the participants.
- A charge must be made for all registered participants. Instructional staff is automatically included for no extra charge. Coverage is only available for day camps & clinics. Overnight camps are excluded.

SPORTS OFFICIALS

- Officials, umpires and referees for SODA eligible sports can purchase the above referenced Medical and General Liability coverages.
- These coverages will provide protection for all officiating activities (for SODA eligible sports) regardless of the sanctioning body (if any).

FACILITY/FIELD OWNERS*

The Insurance Program offers two ways for facility/field owners to be covered.

1. Under the team/league insurance, the facility/field owner is named as “Additional Insured” for all activities conducted by teams/leagues insured through the program.
2. The facility owner may elect to purchase coverage as a named insured on an annual basis. This policy only provides protection while SODA eligible sports activities are being conducted on the premises. This policy was designed to act like a “safety net” and as a result, the facility/field owner should still purchase its own primary General Liability policy and should require all teams using its facilities to provide evidence that they carry their own General Liability policy.

***The Facility/Field Owners coverage may only be purchased by a property owner. It may not be purchased by an individual team or league.**

OPTIONAL COVERAGES

- *To be eligible to purchase the Optional Coverages (Directors & Officers Liability, Crime and/or Equipment) you must purchase your General Liability from the SODA program and pay \$5.00 per year to join the National Sports Lawsuit Protection Association. (Taxes and fees are applicable in FL, KY, LA, NJ, and WV.) CONTACT Sadler & Company for cost and special applications for the following Optional Coverages. You can reach Sadler & Company via phone by calling toll-free 1-800-622-7370 or email them at: soda@sadlersports.com.*

DIRECTORS & OFFICERS LIABILITY

- \$1,000,000 Limit For Certain Wrongful Acts
- Provides protection against certain lawsuits that are not covered by a General Liability policy such as discrimination; wrongful suspension, ejection or termination of personnel or players; or failure to follow your own rules or bylaws when making a decision.
- Covered Persons Include the local sports organization and its directors, officers, employees and volunteers.
- This policy does not replace the bodily injury, property damage and personal injury coverages that are contained within a General Liability Policy.

CRIME

- \$25,000 Limit For Employee Dishonesty including loss caused by embezzlement or other theft of your own property by your own dishonest employees or volunteers.

EQUIPMENT

- Items that can be covered include sports equipment, field maintenance equipment, concession stand equipment, concession stock or small storage sheds that you own or lease.
- Covers loss due to fire, theft, vandalism or other specified causes of loss.

**NOTE: ALL CHARGES ARE FULLY EARNED AT INCEPTION
AND THERE ARE NO PROVISIONS FOR CANCELLATIONS OR REFUNDS.**

YOU MUST REFER TO THE POLICIES FOR COMPLETE INFORMATION ON POLICY CONDITIONS, LIMITS, AND EXCLUSIONS.



2010 SODA INSURANCE CHARGES

(all charges include the premium as well as administrative & affiliation fees)



(Rosters May Be Required) * NOTE: If you exceed the maximum number of players per team for your sport shown below, you must purchase coverage for additional teams to make up the difference.

(1) YOUTH TEAM INSURANCE (charges are per team) (Coverage expires 12-31-2010 regardless of effective date.)	YOUTH Maximum # of Players per Team		YOUTH \$100,000 Medical Only	YOUTH \$100,000 Medical And \$2,000,000 Gen. Liability.		
Baseball, Cricket, Kickball & Softball	18		\$44.00	\$130.00		
Basketball	18		\$44.00	\$135.00		
Dodgeball	18		\$44.00	\$140.00		
Flag Football	25		\$53.00	\$162.00		
Soccer	18		\$53.00	\$144.00		
Inline Hockey / Lacrosse	18 Inline / 24 Lacrosse		\$53.00	\$162.00		
Volleyball/Tennis/ Frisbee/Golf	10		\$44.00	\$ 92.00		
Basketball 3 on 3	8		\$10.00	\$ 34.00		
Flag Football 4 on 4	8		\$12.00	\$ 62.00		
Soccer 4 on 4	16		\$12.00	\$ 44.00		
Volleyball 2 on 2 and Volleyball 4 on 4	8		\$11.00	\$ 24.00		
(2) ADULT TEAM INSURANCE (charges are per team) (Coverage expires 12-31-2010 regardless of effective date.)	ADULT Maximum # of Players per Team		ADULT \$100,000 Medical Only	ADULT \$100,000 Medical and \$2,000,000 Gen. Liability		ADULT \$2,000,000 General Liability Only (Waiver Required)
Baseball, Cricket, Kickball & Softball	20		\$92.00	\$169.00		\$125.00
Basketball	20		\$92.00	\$176.00		\$137.00
Flag Football	25		\$92.00	\$195.00		\$166.00
Dodgeball	18		\$92.00	\$184.00		\$152.00
Inline Hockey / Lacrosse	25		\$92.00	\$195.00		\$166.00
Volleyball/Tennis/ Frisbee/Golf	10		\$92.00	\$138.00		\$ 74.00
Basketball 3 on 3	20		\$28.00	\$ 54.00		\$ 40.00
Flag Football 4 on 4	8		\$37.00	\$ 81.00		\$ 72.00
Volleyball 2 on 2 and Volleyball 4 on 4	8		\$28.00	\$ 42.00		\$ 24.00
(3) ADULT SOCCER TEAM INSURANCE (charges are per team) (Coverage expires 12-31-2010 regardless of effective date.)	Maximum # of Players per Team		\$25,000 Medical Only	\$25,000 Medical And \$2,000,000 Gen. Liability		\$2,000,000 General Liability Only (Waiver Required)
Soccer-Adult	24		\$654.00	\$885.00		\$350.00
Soccer-Adult 4 on 4	16		\$654.00	\$737.00		\$161.00
(4) TOURNAMENT INSURANCE (limited to 3 days or less) (charges are per tournament) (See above for Maximum # Players Per Team)	YOUTH \$100,000 Medical And \$2,000,000 General Liability		ADULT \$100,000 Medical And \$2,000,000 General Liability		ADULT \$2,000,000 General Liability Only (Waiver Required)	
	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams
Baseball / Softball/ Cricket / Kickball / Volleyball / Frisbee / Tennis / Golf	\$450.00	\$558.00	\$514.00	\$624.00	\$344.00	\$480.00
Basketball	\$456.00	\$563.00	\$514.00	\$620.00	\$341.00	\$490.00
Flag Football	\$459.00	\$565.00	\$524.00	\$640.00	\$355.00	\$529.00
Dodgeball	\$488.00	\$618.00	\$514.00	\$624.00	\$344.00	\$480.00
Lacrosse / Inline Hockey	\$459.00	\$565.00	\$524.00	\$640.00	\$355.00	\$529.00
Basketball 3 on 3	\$265.00	\$309.00	\$301.00	\$347.00	\$175.00	\$247.00
Flag Football 4 on 4	\$225.00	\$273.00	\$253.00	\$302.00	\$176.00	\$253.00
Volleyball 2 on 2 and Volleyball 4 on 4	\$139.00	\$172.00	\$168.00	\$193.00	\$ 95.00	\$139.00
(5) SOCCER TOURNAMENT INSURANCE	YOUTH \$100,000 Medical And \$2,000,000 General Liability		ADULT \$25,000 Medical & \$2,000,000 General Liability		ADULT \$2,000,000 General Liability Only (Waiver Required)	
Soccer	\$456.00	\$573.00	\$2,186.00	\$2,380.00	\$679.00	\$1,050.00
Soccer 4 on 4	\$268.00	\$273.00	\$1,304.00	\$1,389.00	\$374.00	\$483.00
(6) Camp & Clinic Insurance: \$4.10 per person per day for \$100,000 Medical and \$2,000,000 General Liability (Subject to \$100 Minimum Charge) (Available for Youth Camp & Clinics only). Coverage applies only for those dates listed on the enrollment form.						
(7) Sports Officials Insurance: \$35.00 per Official/Referee/Umpire for \$100,000 Medical and \$2,000,000 General Liability						
(8) Field Owners: \$930.00 per field owner/per field for \$2,000,000 General Liability only						
(9) OPTIONAL COVERAGES: CONTACT Sadler & Company for cost and special applications for the following coverages: Directors & Officers Liability, Crime and/or Equipment coverage. You can reach Sadler & Company via email: soda@sadlersports.com or call them toll-free at: 1-800-622-7370.						



2010 SODA INSURANCE ENROLLMENT FORM

Medical and/or General Liability



(Rosters May Be Required)

1. ORGANIZATION NAME (league, team, tournament, camp, sports official, etc.) / IE: ENTITY TO BE INSURED:

Authorized Representative/Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Daytime Phone: () _____ Fax: () _____

Email: _____ Website: _____

2. CIRCLE TYPE OF COVERAGE DESIRED: ***(Please Choose Only One Type Per Enrollment Form)***

Team/League Tournament Sports Officials Youth Camp & Clinic Facility/Field Owner

If Facility/Field Owner Please Provide Complete Location Address of Field: _____

3. PLEASE INDICATE NUMBER OF TEAMS, TOURNAMENTS, YOUTH CAMPS & CLINICS, SPORTS OFFICIALS, OR FIELD OWNERS AND COMPLETE REQUIRED COST & AMOUNT DUE:

***You must report and pay a charge for 100% of all teams that you intend to cover. Please use only one enrollment form to sign up multiple teams under one -league/organization or sports officials that are part of one organization.**

Sport	Youth or Adult*	Start & End Dates	Coverage Chosen Check Box			Number Applying	X CHARGE	= Amount Due
			Accident Only	Accident & Gen. Liab.	General Liab. Only			
							X \$	\$
							X \$	\$
							X \$	\$
							Total Amount Due \$	_____

(all charges include the premium as well as administrative & affiliation fees)

4. Total Number of Players to be covered above: _____ ***(Required)***

5. CERTIFICATES EVIDENCING COVERAGE WILL BE ISSUED WITHIN 6 BUSINESS DAYS OF RECEIPT AT SODA HEADQUARTERS, AND AFTER YOUR ELECTRONIC PAYMENT HAS BEEN APPROVED. *(Please plan ahead to allow for the 6-business day processing time, as we are not able to "RUSH" your proof of coverage documents.)*

6. COVERAGE EFFECTIVE DATE: Coverage starts the later of 01-01-2010 or the date that this fully completed and accurate enrollment form is received at SODA Headquarters and approved by Sadler & Company, concurrent with the payment of the total amount due by money order, credit card or certified check. ***(All coverages for teams & leagues expire 12-31-2010 regardless of effective date. Coverage for Tournaments & Camps & Clinics will expire on the last date of the event listed on the enrollment form.)***

7. ADDITIONAL INSURED: Facility Owners and Sponsors are included on the General Liability policy (if purchased) as Additional Insureds. Please note that certificates will not be sent directly to these entities – they will be sent to you for you to deliver. *(If you do not provide the complete Mailing Address & Relationship of the Additional Insured we cannot issue the certificate of insurance.)* ***If your property owner requires an "Additional Insured Endorsement" you must specifically request this and send a copy of their requirement/instructions so that we can make sure we issue what they require.***

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/Lessor of premises Sponsor Other (specify) _____
 Endorsement Required

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/Lessor of premises Sponsor Other (specify) _____
 Endorsement Required

Please attach a separate piece of paper if needed, to request more Additional Insured entities.

**PAGE 1 of 2
YOU MUST RETURN BOTH PAGES**

For Company Use Only:

Effective Date: _____

Expiration Date: _____ 12:01am

8. COMPENSATION DISCLOSURE: I understand and, by my signature below, agree that SODA will receive a fee in exchange for affiliation and certain services rendered.

9. RISK PURCHASING GROUP: The completion of this enrollment form confirms our desire to obtain General Liability insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL, if such coverage is chosen.

10. PLEASE READ AND SIGN

WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

How did you find out about the SODA Endorsed Insurance Program? (Please Check One)

Already doing business with SODA Recommended By Another Team/League Catalogue/Magazine Ad
 Referral from Sadler & Company Referral from Parks & Recreation Dept
 Google Search Engine Yahoo Search Engine Other Search Engine: _____

NOTE TO ALL AGENTS & BROKERS – there are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. A fee may be separately charged, subject to state insurance regulations. (In addition, proof of coverage will be sent direct to the named insured and will not be sent to an agent.)

**NOTE: CHARGES ARE FULLY EARNED AT INCEPTION
AND THERE ARE NO PROVISIONS FOR CANCELLATIONS OR REFUNDS.**

11. MAKING YOUR PAYMENT

Payment of the TOTAL PREMIUM DUE is required with application.

Credit Card #:		Expiration Month:		Expiration Year:	
Type of Card:	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	
Name On Card:					
Signature of Cardholder:				Date:	

12. Enclosed is my money order, certified check or credit card authorization made payable to SODA for enrollment in the insurance plan. I/We understand that coverage begins as stated in section 6 above.

Signature: _____ Date: _____

For questions concerning the insurance coverage or claims, please email: soda@sadlersports.com or call Brennan Hall at 1-800-622-7370. She is the person who will process your proof of coverage.

For questions concerning credit cards, the status of your payment or insurance application, please call:
SODA Office: (585)-426-2215

Mail Application & Payment To:
SODA
P.O. Box 24263
Westgate Station
Rochester NY 14624-0263



SODA - NATIONAL AMATEUR SPORTS INSURANCE PROGRAM



LEAGUE ROSTER

Please list all teams in the league
(Make additional copies if needed)

	TEAM NAME	CONTACT PERSON	CONTACT PHONE #
1			
2			
3			
4			
5			
6			
7			
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9			
10			
12			
13			
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26			
27			
28			
29			
30			



SODA - NATIONAL AMATEUR SPORTS INSURANCE PROGRAM TEAM ROSTER



TEAM NAME:		SPORT:	
	PLAYER NAME	DATE OF BIRTH (mm/dd/yyyy)	PLAYER PHONE # (include area code)
1			
2			
3			
4			
5			
6			
7			
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18			
19			
20			
21			
22			
23			
24			
25			

SPORT	YOUTH (Maximum # players per team)	ADULT (Maximum # players per team)
Baseball, Cricket, Kickball & Softball	18	20
Basketball	18	20
Basketball 3 on 3	8	10
Dodgeball	18	18
Soccer	18	24
Soccer 4 on 4	16	16
Flag Football,	25	25
Flag Football 4 on 4	8	8
Inline Hockey	18	25
Lacrosse	24	25
Volleyball/Tennis/ Frisbee/Golf	10	10
Volleyball 2 on 2 and Volleyball 4 on 4	8	8

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, the
Legal Name Of Your Sports Program, Ex: League Name
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 _____;

Legal Name Of Your Sports Program, Ex: League Name

its directors, officers, officials, agents, 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)

(PRINT NAME)

Date Signed: _____

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)

(PRINT NAME)

Date Signed: _____

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.

