

American Youth Football & American Youth Cheer



Official 2015 Insurance Plan For Tackle Football, Flag Football & Cheer

For Policy Year beginning June 30, 2015 and ending June 30, 2016

Available Only for Members of American Youth Football & American Youth Cheer

HOW TO APPLY FOR COVERAGE – ORGANIZATIONS TO INSURE

To follow is the best way to apply for coverage from most desirable to least desirable in order to protect all organizations and respective directors and officers:

1. Conference – apply with single application under the name of the conference, list all member associations and pay premium on behalf of all teams.
2. Association – apply with single application under the name of the association and pay premium on behalf of all teams. When applying as an association, coverage is not extended to the conference and its respective directors and officers.
3. Team – when applying as a single team, coverage is not extended to the association or conference and their respective directors and officers.

HOW TO APPLY FOR COVERAGE – TWO OPTIONS

OPTION 1 – ONLINE – FASTEST PROCESSING

1. Join AYF by going to www.joinayf.com and click on “Join Now.” (After joining, the insurance password will be emailed to you.) Online Membership Charges:

- \$30 per tackle team
- \$20 per flag team
- \$25 per cheer team

2. After joining AYF and receiving your insurance password, go to www.sadlersports.com/ayf and click on the button “Instant Online Quote & Purchase.” After completing the online application, including making payment, you will receive an instant verification of coverage email with your proof of coverage documents.

OPTION 2 – PAPER APPLICATION

1. Join AYF by completing the attached AYF Application for Membership. Paper Application Membership Charges:

- \$35 per tackle team
- \$25 per flag team
- \$30 per cheer team

2. Complete the attached Enrollment Form

3. Return the AYF Application for Membership, the insurance Enrollment Form and corresponding payments to Sadler & Company for processing:

- Sadler & Company, Inc will issue your coverage documents and a verification of coverage **email** will be sent to the email address provided on the application.
- Please allow 6 business days for processing – we CANNOT rush your proof of coverage. If you need faster processing, apply online and you will have your coverage documents instantly.



Sadler & Company Inc., PO Box 5866, Columbia SC 29250

(P) 800-622-7370 (F) 803-256-4017

Email: ayf@sadlersports.com

www.sadlersports.com/ayf

HOW TO SEND A CHECK VIA FAX (FOR OPTION 2 – PAPER APPLICATION)

1. Make the check payable to Sadler & Company Inc.
2. Make check out for the correct dollar amount, “TOTAL PREMIUM DUE” shown on page 1 of 2 of the enrollment form.
3. Sign and date the check.
4. Make a photocopy of the completed check.
5. On the photocopied page, please write in the following information:
 - Transit Number – these are the small numbers with the “-“ and/or “/” in it; usually found somewhere near the check number and place for the date in the upper right hand corner
 - Name and address of your bank as it appears on your check – please do not look up the address in the phone book, we only need the information exactly as it appears on your check
6. Fax the photocopied page of your check with your completed application to 803-256-4017 or scan/email it to ayf@sadlersports.com.

IMPORTANT NOTES:

- Do NOT void the check.
- Keep the original check in case we need you to forward it to us at a later time.
- This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.
- Do NOT fax cash, money orders, starter checks, cashier checks, counter checks, purchase orders, warrants or checks that require two signatures. These items must be mailed with the application to our office for processing.
- Due to the high volume of faxes and emails we receive on a daily basis, we do not send confirmations acknowledging receipt of transmissions.

ACCIDENT INSURANCE PLAN DESCRIPTION

Underwritten by Nationwide Life Insurance Company, A.M. Best 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.

Who is Covered: Insured persons include tackle and flag football players, cheerleaders, coaches, managers, officials, employees, volunteers, staff members, independent contractors, volunteers, team workers, media personnel, VIP’s of the participating organization of the plan sponsor.

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. Coverage is included for set-up, tear-down, and management of each event.

Limits:

- **\$100,000 Accident Medical-Excess**
- Benefits are excess to any other valid and collectible insurance covering the same injury
- A deductible of \$0, \$100, \$250 or \$500 may apply. The amount of the deductible depends on the insurance plan/option your organization purchases.
- Benefit period is 104 weeks
- \$10,000 face amount for Accidental Death and Specific Losses

Synopsis of Coverage – Accident Medical Expense: The Company will pay excess over and above any amount(s) paid or payable under any other insurance plan or union welfare plan, or prepayment arrangement, any federal, state or other governmental plan or law, whether provided on an individual basis or by membership in an association whether insured or uninsured, incurred as a result of any one accident up to the maximum benefit indicated in the plan selected and subject to the plan’s deductible. **Accidental Death & Specific Loss:** If injury to the Eligible Person results in the death or dismemberment of the eligible person, within six months after the date of the accident, the Company will pay the benefit as provided by the plan selected.

Important Note: This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the policy for complete information on the policy coverages, limits and exclusions.

GENERAL LIABILITY INSURANCE PLAN DESCRIPTION

Underwritten by Scottsdale Insurance Company, A.M. Best rated A+

Purpose of Coverage: The Commercial General Liability Insurance covers claims for bodily injury, property damage, participant legal liability and personal/advertising injury. There is a \$1,000,000 per occurrence limit for Bodily Injury and Property Damage (you can increase the limit to \$2,000,000 or \$5,000,000 for an additional charge – refer to the enclosed Rate Chart).

Who is Protected:

1. **Insured** – Coverage is provided for the AYF or AYC member organization that is listed under “Section I – Identification” on the Accident/General Liability Enrollment Form and its officers, directors, employees, managers, coaches, game officials and other managing personnel, while acting on behalf of the insured football team or cheer squad.
2. **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:	<u>Choice of:</u>	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 (each occurrence-other than brain injury)		Option 1: \$1,000,000	Option 2: \$2,000,000	Option 3: \$5,000,000
Legal Liability to Participants (each occurrence-brain injury)*		Option 1: \$1,000,000	Option 2: \$2,000,000	Option 3: \$2,000,000
Sexual Abuse and Molestation		All Options – No Aggregate		
Damage to Premises Rented To You		All Options - \$7,000,000 Aggregate		
Premises Medical Payments		\$1,000,000 Each Occurrence (\$2,000,000 Aggregate)		
Non-Owned & Hired Auto Liability		\$1,000,000		
		\$ 5,000		
		\$1,000,000** (Carrier-National Casualty Insurance Company)		

*Brain injury each occurrence and \$7,000,000 aggregate limit including damages, costs, charges and expenses incurred in the course of investigating and settling any claim, applies to tackle football and cheerleading.

****Non-Owned & Hired Auto Liability** provides coverage if the insured organization is sued as a result of liability arising out of the use of an auto on insured organization business if such auto is not owned by the insured organization (ex: parent’s auto, auto that is borrowed from a church or is hired from a rental car company.) Coverage is excluded for 15 passenger vans. There is no coverage for the driver of any auto while transporting youth or adult participants. This policy does not cover physical damage to the non-owned or hired auto itself and, as a result, separate arrangements must be made for such coverage.

- 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:

- 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.

2015 RATE CHARTS WITH ACCIDENT DEDUCTIBLE OPTIONS


(\$500 or \$250 Deductible)

CHARGES PER TEAM OR SQUAD \$500 Accident Deductible Class 1 Cheer includes INSPIRATION Cheer	OPTION #10 \$100,000 Accident & \$1,000,000 General Liability	OPTION #11 \$100,000 Accident & \$2,000,000 General Liability	OPTION #12 \$100,000 Accident & \$5,000,000 General Liability
Tackle Football – AGES 9 & Under	\$200.09	\$219.02	\$271.61
Tackle Football – AGES 12 & Under	\$254.24	\$272.12	\$324.71
Tackle Football – AGES 15 & Under	\$395.35	\$415.33	\$467.92
Flag Football – ALL TEAMS (Age 5-17)	\$81.55	\$88.91	\$125.73
INSPIRATION Flag Football (<i>Handicapped</i>) – ALL TEAMS (Age 5-22)	\$81.55	\$88.91	\$125.73
<u>CLASS 1: Cheer Squads Affiliated with Your Football Teams (Ages 5-18)</u> (Inspiration-up to age 22)	NO CHARGE	NO CHARGE	NO CHARGE
<u>CLASS 2: Cheer/Dance/Step Squads Affiliated With Your Football Teams That Will Also Participate In Competitions</u> 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)(Inspiration-up to age 22)	\$43.09	\$48.35	\$100.93
<u>CLASS 3: Cheer/Dance/Step Squads Not Affiliated With Your Football Teams</u> (Independent Cheer/Dance/Step Squads). (Ages 5-18) (Inspiration-up to age 22)	\$91.76	\$97.02	\$149.61

CHARGES PER TEAM OR SQUAD \$250 Accident Deductible Class 1 Cheer includes INSPIRATION 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	\$211.09	\$230.02	\$282.61
Tackle Football – AGES 12 & Under	\$271.24	\$289.12	\$341.71
Tackle Football – AGES 15 & Under	\$427.35	\$447.33	\$499.92
Flag Football – ALL TEAMS (Age 5-17)	\$86.55	\$93.91	\$130.73
INSPIRATION Flag Football (<i>Handicapped</i>) – ALL TEAMS (Age 5-22)	\$86.55	\$93.91	\$130.73
<u>CLASS 1: Cheer Squads Affiliated with Your Football Teams (Ages 5-18)</u> (Inspiration-up to age 22)	NO CHARGE	NO CHARGE	NO CHARGE
<u>CLASS 2: Cheer/Dance/Step Squads Affiliated With Your Football Teams That Will Also Participate In Competitions</u> 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)(Inspiration-up to age 22)	\$45.09	\$50.35	\$102.93
<u>CLASS 3: Cheer/Dance/Step Squads Not Affiliated With Your Football Teams</u> (Independent Cheer/Dance/Step Squads). (Ages 5-18) (Inspiration-up to age 22)	\$97.76	\$103.02	\$155.61

Charges shown include premiums, taxes, stamp fees and administrative fees.

NOTE TO ALL AGENTS & BROKERS – there are no commissions included in this program. Charges are NET and may not be altered on the enrollment form. In addition, proof of coverage will be sent directly to the organization and will not be sent to an agent.

AGENT INFO	Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler (P) 800-622-7370 (F) 803-256-4017 Email: ayf@sadlersports.com	
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Sadler & Company of SC, Inc.-AR (License #254179) D/B/A Sadler Insurance Agency - CA (License # 0B57651)
 John Sadler Insurance Services - MA Sadler Agency - NY (PC-532473 and LA-532473)
 Sadler Insurance Agency- OK / Sadler & Company, Inc. – TX (License #19495) / Sadler and Company-VT (License #577)

2015 RATE CHARTS WITH ACCIDENT DEDUCTIBLE OPTIONS


(\$100 or \$0 Deductible)

CHARGES PER TEAM OR SQUAD \$100 Accident Deductible Class 1 Cheer includes INSPIRATION 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	\$215.09	\$234.02	\$286.61
Tackle Football - AGES 12 & Under	\$282.24	\$300.12	\$352.71
Tackle Football - AGES 15 & Under	\$449.35	\$469.33	\$521.92
Flag Football - ALL TEAMS (Age 5-17)	\$ 91.55	\$ 98.91	\$135.73
INSPIRATION Flag Football (<i>Handicapped</i>) - ALL TEAMS (Age 5-17)	\$ 91.55	\$ 98.91	\$135.73
<u>CLASS 1:</u> Cheer Squads Affiliated with Your Football Teams (Ages 5-18) (Inspiration-up to age 22)	NO CHARGE	NO CHARGE	NO CHARGE
<u>CLASS 2:</u> 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)(Inspiration-up to age 22)	\$46.09	\$51.35	\$103.93
<u>CLASS 3:</u> Cheer/Dance/Step Squads Not Affiliated With Your Football Teams (Independent Cheer/Dance/Step Squads). (Ages 5-18) (Inspiration-up to age 22)	\$102.76	\$108.02	\$160.61

CHARGES PER TEAM OR SQUAD \$0 Accident Deductible Class 1 Cheer includes INSPIRATION 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	\$230.09	\$249.02	\$301.61
Tackle Football - AGES 12 & Under	\$301.24	\$319.12	\$371.71
Tackle Football - AGES 15 & Under	\$484.35	\$504.33	\$556.92
Flag Football - ALL TEAMS (Age 5-17)	\$95.55	\$102.91	\$139.73
INSPIRATION Flag Football (<i>Handicapped</i>) - ALL TEAMS (Age 5-22)	\$95.55	\$102.91	\$139.73
<u>CLASS 1:</u> Cheer Squads Affiliated with Your Football Teams (Ages 5-18) (Inspiration-up to age 22)	NO CHARGE	NO CHARGE	NO CHARGE
<u>CLASS 2:</u> 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)(Inspiration-up to age 22)	\$47.09	\$52.35	\$104.93
<u>CLASS 3:</u> Cheer/Dance/Step Squads Not Affiliated With Your Football Teams (Independent Cheer/Dance/Step Squads). (Ages 5-18) (Inspiration-up to age 22)	\$106.76	\$112.02	\$164.61

Charges shown include premiums, taxes, stamp fees and administrative fees.

NOTE TO ALL AGENTS & BROKERS – there are no commissions included in this program. Charges are NET and may not be altered on the enrollment form. In addition, proof of coverage will be sent directly to the organization and will not be sent to an agent.

AGENT INFO	Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler (P) 800-622-7370 (F) 803-256-4017 Email: ayf@sadlersports.com	
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 Sadler Insurance Agency- OK / Sadler & Company, Inc. – TX (License #19495) / Sadler and Company-VT (License #577)



2015 Insurance Enrollment Form

American Youth Football & American Youth Cheer Accident & General Liability Insurance Plan

Available Only for Members of American Youth Football & American Youth Cheer

Please type or print using black ink

SECTION I - IDENTIFICATION

Name of Sports Organization: _____

Contact Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Fax:** _____

Email: _____ **Website:** _____

Is the organization listed above a: 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.

Alternate Authorized Contact Name: _____ **Phone:** _____ **Email:** _____

Alternate Authorized Contact is for Sadler information only. Contact is not authorized to request changes without approval from Primary Contact and will not receive this initial documentation. By providing his/her information above you authorize Sadler to discuss the account with the Alternate Contact and provide documents in the future.

SECTION II – CHARGE COMPUTATION

Using the rate chart on the previous page (s), determine which coverage option you would like to purchase based on the General Liability Limit and the Accident Deductible. **Indicate the coverage option number here:** _____ and use the charges from the chart to complete the table below based on the total # of teams/squads in each age group.

(The maximum # of players per team = 36. Teams are calculated by the # of players rostered together to play at the same time against an opposing team. Example- If you have one division with three age groups that play at different times, this is considered three teams.)

TACKLE/FLAG FOOTBALL	# OF 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 – All Teams (Ages 5-17)		X		=	
INSPIRATION Flag Football (Handicapped) – All Teams (Ages 5-22)		X		=	
CHEER/DANCE/STEP SQUADS (Choose as many classes that apply)	# OF SQUADS	X	CHARGE	=	TOTAL CHARGE
CLASS 1: Cheer Squads Affiliated with Your Football Teams (Ages 5-18) (MUST ENTER SQUADS, although NO CHARGE) (Inspiration-up to age 22)		X	NO CHARGE	=	NO CHARGE
Class 2: Cheer/Dance/Step/INSPIRATION 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) (Inspiration-up to age 22)		X		=	
Class 3: Cheer/Dance/Step/INSPIRATION Squads not affiliated with your football teams (independent cheer/dance/step squads). (Ages 5-18) (Inspiration-up to age 22)		X		=	
TOTAL CHARGE DUE				=	

Note: the # of teams/squads reported will be cross-referenced with AYF membership registrations and with your websites. Please be sure to report accurately to make sure that there will not be any questions when you report a claim.

SECTION III – UNDERWRITING INFORMATION

1. Total number of football players in your organization: _____
2. Total number of cheerleaders in your organization: _____
3. I am aware that 100% of the teams within this organization must be accounted for on this application. I have also purchased membership through AYF for all teams/squads. If additional teams are formed, I will report to both AYF and Sadler Sports Insurance. I understand that the intentional under reporting of teams constitutes insurance fraud and that the number of teams reported on this enrollment will be cross referenced with your website and the numbers reported to AYF. Furthermore, under reporting of teams may jeopardize claim payments. **YES** _____ **NO** _____

SECTION IV – ADDITIONAL CERTIFICATE REQUEST SECTION

Type of certificate you are requesting:		
<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Evidence of Coverage	
Relationship to you: <input type="checkbox"/> Owner/Lessor of Premises <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____		
ENTITY NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
<input type="checkbox"/> CG 2011 Endorsement	<input type="checkbox"/> CG 2026 Endorsement	<input type="checkbox"/> Waiver of Subrogation

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

How did you hear about Sadler & Company?

<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"/> Search Engine	<input type="checkbox"/> Email from Sadler	
<input type="checkbox"/> Other (explain:)		

VERY IMPORTANT INFORMATION

- **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 & Class 3 Cheerleading. A sample Waiver & Release form is included with this brochure.
- **Risk Management** – 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. Implementation of the attached Abuse/Molestation Risk Management Program and the Brain Injury Risk Management program for Youth Football & Cheer are highly recommended.
- **American Youth Football & American Youth Cheer Membership** – It is agreed that the organization has applied for new or renewal membership with American Youth Football and/or American Youth Cheer by either going online at www.joinayf.com and completing the online registration or completing the enclosed Application for Membership, paying the appropriate membership fees and returning it with this enrollment form and premium payment. **Failure to complete the membership process will result in no coverage being bound.** In continuing this application for the AYF Endorsed Insurance Program, I certify that I have read and will comply with the terms of service agreement as stated on www.joinayf.com.
- **Effective & Expiration Dates** - I/We understand that the coverage begins on the date the completed insurance enrollment form is received and approved by Sadler & Company (concurrent with payment of the entire charges) or June 30, 2015, whichever date is later. Coverage expires on June 30, 2016 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 by the carrier for non-payment of charges due.

SIGNATURE SECTION

Signature:	
Printed Name:	Date:

Return the AYF Application for Membership, the insurance Enrollment Form and corresponding payments to Sadler & Company for processing:

FAX TO: (803) 256-4017 Follow HOW TO FAX A CHECK Instructions	OVERNIGHT DELIVERY: SADLER & COMPANY, INC. Attn: Sports Department 3014 DEVINE ST., 2 ND FLOOR COLUMBIA, SC 29205	U. S. MAIL: SADLER & COMPANY, INC. Attn: Sports Department PO BOX 5866 COLUMBIA, SC 29250-5866
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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 to 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)

(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, if the player has been involved in a serious injury.

Abuse / Molestation Risk Management Program (Short Form)

For _____ (insert name of sports organization)

The sports organization has adopted and will implement the following risk management elements:

Criminal Background Checks

Criminal background checks will be run by a third party vendor on all paid and volunteer staff with access to youth. Any background check that indicates that a potential staff member is unfit to work with youth will result in disqualification of such staff member.

Prior to running background checks, the following steps should be taken*:

- Obtain consent forms from all staff to run background checks
- Determine disqualification criteria
- Protect confidentiality of records
- Comply with all state and federal laws

* More information is available from background check vendor or Sadler Sports Insurance under Risk Management section of website.

Warning Signs Of Abuse / Molestation

The following warning signs will be communicated to all paid and volunteer staff:

- Attitudes/behaviors expressed on the part of an adult that may be associated with inappropriate or abusive behavior (racist, poor sense of athlete development, raging temper, extremely controlling, jealous, hypersensitive, poor sexual boundaries, bullying, intimidating manner, unrealistic or inappropriate training practices and risks, etc.)
- Unexplained/unlikely explanation of injuries
- Extreme fear of a league volunteer
- Extreme low self-esteem, self worth
- A child's attachment to a coach/staff to the point of isolation from others
- A coach/staff with an interest beyond caring concerns, special interest in a child (time, gifts, attention, obsession, unrealistic expectations)
- A child's desire to drop out without a clear explanation, or without one that makes sense
- A child that misses a lot of practices or games with suspicious explanations or excuses

Policies To Protect Against

The following policies will be communicated to all paid and volunteer staff:

- Limit one on one contact between a single unrelated child and adult by use of buddy system
- Prohibition of overnight sleepovers
- Touch is acceptable only if it is "respectful and appropriate"
- Inappropriate comments of a sexual nature and suggestive jokes are prohibited
- Take home / pick up of athletes by league personnel is strongly discouraged because of difficulty in limiting one on one contact

What Is Required In Event Of An Allegation

Appropriate league official and police will be immediately contacted. Police will handle investigation.

Staff member will be immediately suspended or reassigned to alternative duties that don't involve access to youth, pending the outcome of the police investigation.

League officials will not comment on the allegation or police investigation until it has been concluded.

Communication Of Information

The information in this risk management program can be communicated by pre season staff meeting and/or by distribution of this document to all paid and volunteer staff.

Our sports organization has adopted this program and incorporated it into our written policies and procedures.

Name of authorized league official: _____

Signature: _____

Date: _____

Sample Brain Injury Risk Management Program for Youth Football and Cheer

DISCLAIMER

THIS SAMPLE RISK MANAGEMENT PROGRAM IS MEANT TO PROVIDE BASIC INFORMATION ON BRAIN INJURY RISK MANAGEMENT AND IS NOT ALL EMCOMPASSING. EACH SPORTS ORGANIZATION SHOULD CUSTOMIZE ITS OWN BRAIN INJURY RISK MANAGEMENT PROGRAM BASED ON ADVICE AND BEST PRACTICES FROM MEDICAL EXPERTS AND GOVERNING BODIES AS WELL AS COMPLIANCE WITH APPLICABLE STATE LAWS.

NO LEGAL ADVICE IS PROVIDED. ALWAYS CONTACT AN ATTORNEY LICENSED IN YOUR STATE FOR APPROPRIATE LEGAL ADVICE.

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(Note: remove this disclaimer as part of your customization process.)

Brain Injury Risk Management Program for Youth Football and Cheer for _____ (insert name of team/association/conference)

1. Educational Awareness through Online Training and Information Handouts and Administration / Document Retention

Coaches

Basic Concussion Training Course (Free)

All paid and volunteer coaches should complete the National Alliance for Youth Sports Concussion Training Video every two years with certificate of completion documentation retained at team/association/conference level for a period of at least 15 years:

<http://www.nays.org/additional-training/preview/concussion-training.cfm>

AYF Tackle Sure Training (\$5.00 per coach)

All paid and volunteer coaches should complete the following Tackle Sure online video training course with certificate of completion documentation retained at the team/association/ conference level for a period of at least 15 years: http://www.myayf.com/resources/training/tackle_sure/

Staff / Participant / Parent Concussion Awareness Information Sheet

The following CDC Parent / Athlete Concussion Information Sheet should be distributed annually to all staff, participants, and parents (if minor participants) with the signed and dated sheet retained at the team/association/conference level for a period of at least 15 years:

http://www.cdc.gov/concussion/headsup/pdf/Parent_Athlete_Info_Sheet-a.pdf

2. Baseline Neurocognitive Testing

It is strongly recommended that each athlete take a baseline neurocognitive test prior to the start of conditioning / training camp. In the event of a concussion, this baseline test will assist the health care professionals in making return to play decisions.

3. Identify Suspected Cases of Concussions

The highest medical authority at a practice or game is the person who is in the best position to diagnose a suspected concussion and to make the call. The presence of (or immediate access to) a medical doctor (MD), doctor of osteopathy (DO), or athletic trainer trained in concussion recognition is ideal. However, in cases where medical professionals are not present or immediately available, a person should be present who is at least EMT certified or is currently certified in Red Cross Community First Aid or the equivalent.

Signs observed by parents, guardians, or sports staff: appears dazed or stunned; is confused about the assignment or position; forgets instructions; is unsure of game, score, or opponent; moves clumsily; answers questions slowly; loses consciousness (even briefly); shows behavior or personality changes; can't recall events prior to hit or fall; and can't recall events after hit or fall.

Symptoms reported by player: headache or pressure in the head; nausea or vomiting; balance problems or dizziness; double or blurry vision; sensitivity to light; sensitivity to noise; feeling sluggish, hazy, foggy, or groggy; concentration or memory problems; confusion; or does not "feel right".

What to do: If athletes report or exhibit one or more of the signs listed above or say they “just don’t feel right” after a bump, blow, or jolt to the head or body, they may have a concussion.

Danger signs: one pupil larger than the other; drowsiness or inability to wake up; headache that gets worse and does not go away; weakness, numbness, or decreased coordination; repeated vomiting or nausea; slurred speech; convulsions or seizures; inability to recognize people or places; increasing confusion, restlessness, or agitation; unusual behavior, loss of consciousness (even brief). If one or more of these danger signs occur after a bump, blow, or jolt to the head or body: call 9-1-1 or transport the athlete immediately to the emergency room.

Smartphone App: All coaches should have an app immediately available to help identify and respond to possible concussions such as the one made available by The American Academy Of Neurology.

On Field Medical Status Evaluation:

Orientation Questions: (ask the athlete)

What period/quarter/half are we in?	Who scored last?
What stadium/field is this?	Do you remember the hit?
What city is this?	What team did we play last?
Who is the opposing team?	Repeat the following words: Girls, Dog, Green.

Concentration: (ask the athlete)

- Repeat the days of the week backwards (starting with today)
- Repeat the months of the year backward (starting with December)
- Repeat these numbers backward 63, (36), 419 (914), 6294 (4926)

Exertional Maneuvers:

Complete 5 jumping jacks / Complete 5 sit ups.

Word List Memory: (ask the athlete)

Repeat the three words from earlier: Girls, Dog, Green

4. If a Concussion Is Suspected, the Following Actions Are Required

▶ **Remove the athlete from play** - if any of the signs and symptoms are observed, remove the athlete from play. When in doubt, sit them out!

▶ **Make sure the athlete is evaluated by an MD or DO who is experienced in evaluating concussions.** Let the professionals judge the severity.

▶ **Inform the athlete’s parents / guardians and provide them with the CDC fact sheet** on "Concussions for parents" to help them monitor the athlete for signs and symptoms:

http://www.cdc.gov/concussion/pdf/TBI_factsheets_PARENTS-508-a.pdf

▶ **Keep the athlete out of play the day of the injury AND until an MD or DO experienced in evaluating concussion says it’s OK for the athlete to return.**

The AYF/AYC Resume Participation Medical Clearance Form or similar form should be completed, signed by an MD or DO, and returned before a player suspected of having a concussion will be allowed to return to play.

5. Reduce Full Contact During Practices

Definition: "Full contact" includes both "thud" and "live action". "Thud" is a drill that is run at assigned speed through the moment of contact, with no pre assigned winner, where contact remains above the waist and players remain on feet and a quick whistle ends the drill. "Live action" is a drill that is run at game like conditions and is the only time where a player may be taken to the ground.

Full contact during practices should be limited to 60 to 90 minutes a week and no more than 30 minutes a day.

During pre-season two-a-day practices, only one session should include full contact.

It is understood that pre-season workouts will likely have more full contact to teach the fundamentals of tackling. However, as the season progresses, less and less time should be devoted to full contact.

6. Proper Fitting and Care of Helmets

All equipment managers and coaches should be trained on the proper fitting and care of helmets. Resources on this topic can be found at www.sadlersports.com/riskmanagement under the football section.

7. Compliance with State Concussion Laws and NFHS Recommendations

To the extent that our state's concussion laws exceed the requirements outlined above, we will comply with our state's law. A summary of state concussion laws can be found at <http://www.lawatlas.org/preview?dataset=sc-reboot>

To the extent that our state's version of National Federation of High School Associations (NFHS) rules, regulations, or recommendations on brain injury exceed the requirements outlined above, we will comply with such standards.

Our sports organization has formally adopted this program by board action and will implement this brain injury risk management program prior to the start of every season.

Name of authorized sports organization official: _____

Signature: _____

Date: _____