

# APPLICATION FOR NRPA-SPONSORED FOOTBALL COMBINED LIABILITY AND ACCIDENT INSURANCE COVERAGE



**National Recreation and Park Association**

Complete all information requested below. Please print clearly.

## A. YOUR INFORMATION

Name of Your League, Conference, Team(s) \_\_\_\_\_  
 Date of Season \_\_\_\_\_ Approx. Number of Football Players \_\_\_\_\_ Approx. Number of Cheerleaders \_\_\_\_\_  
 Number of Coaches \_\_\_\_\_ By What Organization Do You Operate? \_\_\_\_\_  
 Name of Official to Whom Insurance Certificates are to be sent \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Name of Additional Insured, if any \_\_\_\_\_ Relation to you \_\_\_\_\_  
 Additional Insured's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 How did you receive this application? \_\_\_\_\_

## B. YOUR NRPA MEMBERSHIP INFORMATION (Be sure to provide this information. Your application cannot be processed without it.)

Member Name (mandatory) \_\_\_\_\_  
 Current NRPA Membership Number (if unknown, please call 1-800-626-NRPA) \_\_\_\_\_

**NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.**

## C. Location of Practices and/or Games

Field/Park Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*Please remit copies of any written contractual agreements pertaining to field usage with this application.*

## D. TEAM INFORMATION

Names of Teams	Maximum age (in 2010)	Cost per Team Flag/Touch	Cost per Team Tackle
<b>TOTAL COST TO BE REMITTED</b>		\$	\$

*If more space than provided above is needed, make additional sheets by copying this one or visit [www.nrpainsurance.com](http://www.nrpainsurance.com) to download copies of this application.*

**WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.**

**Signature X** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

### IMPORTANT APPLICATION INSTRUCTIONS:

Full payment must be submitted before Liability and Accident Insurance Certificates will be issued. NO DEPOSITS WILL BE ACCEPTED.

The following are to be understood by the applicant:

1. Coverage will become effective 7/1/10 or the day following the date the application and check are mailed to Affinity Insurance Services, Inc. (as shown on postmark), whichever is later. ALL COVERAGE TERMINATES 7/1/11.
2. All teams in an insured League, Conference or Association must be covered under the Combined Coverage.
3. The Premium developed by this application is the minimum premium for coverage.
4. Membership to NRPA is mandatory.
5. The enclosed Release of Liability and Waiver document must be signed by each participant and parent/guardian and maintained by the applicant. Presentation of this Liability and Waiver form is required at the time of a reported claim in order to waive the \$2,500 deductible for each occurrence (including supplemental payments). Failure to present the Liability and Waiver form(s) will result in the claim being subject to the \$2,500 deductible.

Complete and return this application with a check for your premium payment, *made payable to the program administrator:*  
**Affinity Insurance Services, Inc.** Use postage-paid envelope provided or mail to:

**Affinity Insurance Services, Inc., National Recreation and Park Association Program, P.O. Box 19220A, Newark, NJ 07195-0220**  
**[nrpainsurance.com](http://nrpainsurance.com) • 800-722-5676 • Fax: 877-752-4415 • E-mail: [info@nrpainsurance.com](mailto:info@nrpainsurance.com)**



National Recreation and Park Association

FOOTBALL PROGRAM

In consideration of being allowed to participate in any way in the \_\_\_\_\_ (Name of Organization) program, it's related events and activities, I \_\_\_\_\_, the undersigned, (Name of Participant) acknowledge, appreciate and agree that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE \_\_\_\_\_ (Name of Organization) their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full 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 FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_/
PARTICIPANT'S SIGNATURE AGE DATE SIGNED

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/
PARENT/GUARDIAN'S SIGNATURE EMER. PHONE DATE SIGNED

THIS FORM SHOULD BE RETAINED BY ORGANIZATION NOTED ABOVE

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