

Complete all information requested below. Please print clearly.

A. YOUR INFORMATION

Name of Your League, Conference, Team(s) _____

Name of Official to Whom Insurance Certificates are to be sent _____

Address _____

City _____ State _____ Zip _____

Day Telephone (_____) _____ Fax (_____) _____ E-mail _____

B. YOUR NRPA MEMBERSHIP INFORMATION

(Be sure to provide this information. Your application cannot be processed without it.)

Member Name _____

Name of Organization or Public Member Agency (mandatory) _____

Current NRPA Membership Number (if unknown, please call 1-800-626-NRPA) _____

NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.

C. TEAM INFORMATION

Number of Insured Teams and Cost by Sport and Age Group

Max. Age	Basketball, Baseball, Softball and Volleyball	Soccer	Street, Field, Floor & Roller Hockey	Ice Hockey/ Lacrosse	Other (Indicate Sport)	Cost
12 yrs.						
16 yrs.						
18 yrs.						
19-59 yrs.		N/A				
TOTALS						

Please list Team Names below – use other side or attach printed list if necessary.

Age Group	Sport	Team Name

Please attach a list of requested additional insured entities.

Signature X _____ **Title** _____ **Date** ____/____/____

IMPORTANT APPLICATION INSTRUCTIONS: Full payment must be submitted before Liability Insurance Certificates or Accident Insurance Summary Plan Descriptions will be issued. NO DEPOSITS WILL BE ACCEPTED. The following are to be understood by the applicant:

1. Coverage will become effective 1/1/10 or the day following the date the application and check are received by Aon Association Services, whichever is later. ALL COVERAGE TERMINATES 1/1/11.
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 or parent/guardian (if under age 18) and maintained by the applicant team/league. Presentation of this 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 Release of Liability and Waiver document(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: **Aon Association Services.**

Mail to: Aon Association Services, National Recreation and Park Association Program, P.O. Box 19220A, Newark, NJ 07195-0220

nrpainsurance.com • 800-722-5676 • Fax: 877-752-4415 • Email: info@nrpainsurance.com

TEAM SPORTS PROGRAM



National Recreation and Park Association

In consideration of being allowed to participate in any way in the _____
(Name of Organization)

program, it's related events and activities, I _____,
(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 team and league officials 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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