



## **T.C.S. Team Insurance Program**

### **Accident Coverage**

Benefits:	
\$25,000	Maximum Medical Benefit per Claim
\$10,000	Accidental Death/Dismemberment Benefit per Claim
\$250	Deductible per Claim
Excess Coverage	
Dental Benefit:	Included in Maximum Medical Benefit
Policy Term:	01/01/2010 – 12/31/2010
Carrier:	StarNet Insurance Company (Admitted) (A Excellent A.M. Best)

Excess coverage means policy is secondary to an injured party primary health insurance. Policy will not cover primary insurance deductibles, co-pays, program limits, or out of network care. If injured party does not have primary care, excess coverage becomes primary.

Eligibility: All Participants & Volunteer Staff of the Policyholder.

**Accident Exclusions:** Sickness or disease in any form (including day or overnight), except pyogenic infections due to an accidental cut or wound, The use of drugs or narcotics, Unless administered under the advice of a physician, War or any act of war, whether or not declared, Participation in any riot or civil commotion, Air travel or the use of any device or equipment for aerial navigation, Except as a fare-paying passenger on a regularly scheduled commercial airline, Suicide or any attempt thereat or any self-inflicted injury. Medical service provided by any person or facility employed or retained by the Policyholder or member organization. Medical service provided by any member of the Insured Person's family or household. Dental treatment, except as the result of a covered injury. The repair or replacement of any artificial dental restoration. Expenses payable under any Workers Compensation Law or similar legislation. Injury sustained while riding in or on any two or three wheeled engine driven vehicle. Claimant is responsible for their primary care deductibles, co-pays, and program limits.

### **General Liability Coverage (Requires Accident Coverage)**

\$3,000,000	General Aggregate
\$1,000,000	Products/Completed Operations Aggregate
\$1,000,000	Personal & Advertising Injury
\$1,000,000	Each Occurrence
\$300,000	Fire Damage (any one fire)
\$5,000	Med Exp (spectators)
\$0	Deductible per Claim
Policy Term:	01/01/2010 – 12/31/2010
Carrier:	Riverport Insurance Company (Admitted) (A+ Excellent A.M. Best)

Eligibility: All Participants & Staff of the Policyholder.

### **Inclusions/Program Highlights:**

Occurrence-Form Policy

**Coverage Included for Claims by Athletic Participants**

Coverage issued through Sports & Recreation Providers Risk Management Inc.

**General Liability Exclusions:** Medical Payments To Participants, War, Terrorism, Corporal Punishment, Assault & Battery, Expected or Intended Injury, Abuse/Molestation, Asbestos, Nuclear Energy, Total Liquor (exclusion applies only if you are in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages), Total Pollution, Fungi or Bacteria, Aircraft or Watercraft, Total Fireworks/Pyrotechnics, Employment Related Practices, Communicable Disease (Hepatitis, TSE, HIV, HTLV, or AIDS) Collapse of Temporary Structure, Lead Liability, Professional Liability, Use of Trampolines, Sale/Manufacture/Distribution of Athletic Equipment, Use of Saunas or Tanning Devices, Polo, Skin & Scuba Diving, Squash, Downhill Snow Skiing, Water Skiing, Whitewater Rafting, Bungee Jumping, Mountain Climbing, Rock Climbing, Motor Sports, Rodeo or any Equestrian Related Sports, Waterslides, Ballooning, Parachute Jumping, Luge, Tobogganing, Gymnastics, Violation of Telephone Consumer Protection Act or CAN-SPAM Act.

**Rate: \$108.00 per youth baseball or softball team (fully earned at inception)**

**Fully earned at inception means premium amount is non refundable, even if policy is cancelled before expiration date.**



# T.C.S. Team Insurance Enrollment Form



Team Name: \_\_\_\_\_

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

Contact Person (first & last name): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Effective Date: (coverage will be effective the latter of the date enrollment form received by program administrator or date you request)

Number of Participants on Team? \_\_\_\_\_ Number of Teams? \_\_\_\_\_ Type of Team(s) (circle): Youth Baseball or Youth Softball

### Certificates of Insurance

Each team is provided one certificate evidencing insurance coverage. If a certificate of insurance is required naming Field Owner or Lessor of Premises list the names and addresses and certificates will be provided:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Waiver Requirements

The insured must maintain a system to regularly secure signed Waiver and Release forms from participants. For minor participants, a parent or guardian should sign these waiver/release forms. Unintentional error on your part in securing Waiver and Release forms will not void your coverage in the event of a claim by a participant; however, your failure to maintain an adequate system to regularly secure Waiver and Release forms will void your coverage in the event of a claim. Please see page 3 for sample waiver.

### Representative Signature

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in this application 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.

Applicant's Name \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

## **Credit Card Payment Application**

Name (**exactly name on the credit card**): \_\_\_\_\_

Street Address (**billing address of cardholder**): \_\_\_\_\_

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

Visa / MasterCard / American Express (**circle one**)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

All premiums reflect cash discount of 2%.  
Credit card users must pay 2% more than stated premium.

Total Amount Charged to Card: \$ \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

By signing above credit card application, I hereby authorize The Camp Team to charge amount to the credit card.  
Upon completion, please fax this page to 303-422-1276 or email info@campteam.com.

# Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in \_\_\_\_\_ program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below \_\_\_\_\_ event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understands and acknowledges that:
  - (a) There are risks and dangers associated with participation in \_\_\_\_\_ events, and activities, which could result in bodily injury partial and/or total disability, paralysis, and death.
  - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
  - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below.
  - (d) There may be other risks not known or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE \_\_\_\_\_ facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct \_\_\_\_\_ event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions, to engage in risk evaluation or loss control activities regarding \_\_\_\_\_ facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee" ...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledges that THE ACTIVITIES OF THE EVENT (S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money, which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Team Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_