



WAIVER OF COVERAGE 2007 - 2008

I, the undersigned have investigated our practice facility and its current insurance practices. It has been determined that no outside accident/liability coverage is needed at this time. I, therefore, waive the coverage provided by Wheelchair Sports, USA (WSUSA) and hold harmless WSUSA, United States Quad Rugby Association, Philadelphia Insurance Company and Insurance Professionals of New England of any accident or injury arising out of practice sessions at our assigned facilities.

(Team representative)

(Team representative)

(Date)

We, the undersigned team members have read and understand the implications as detailed in the above paragraph and accompanying letter. In agreement with our team representative, we also waive the coverage provided by Wheelchair Sports, USA (WSUSA) and hold harmless WSUSA, United States Quad Rugby Association, Philadelphia Insurance Company and Insurance Professionals of New England of any accident or injury arising out of practice sessions at our assigned facilities.



WHEELCHAIR SPORTS, USA

1236 Jungermann Rd Suite A

St. Peters, MO 63376

Phone: 636-614-6784

fax: 636-329-1090

www.wsusa.org

office@wsusa.org

USQRA REQUEST FOR CERTIFICATE OF INSURANCE

Club Name: _____

Club Address: _____

Club Director: _____

Phone: _____

Email: _____

Official Name of Activity: _____

Type of Activity: Competition _____ Practice _____ Fundraiser _____ Other _____

Specific Location of Event: _____

Address: _____

Date (s) of Event _____

Time of Event _____

Day of the week _____

Date certificate is needed by: _____

List any entity that you are contractually obligated to name as an additional insured:

What is the relationship with the additional insured?

Owner/Manager/Lessor of Premises _____ Sponsor _____ Other _____

Potential Number of Participants: Athletes _____ Staff _____ Volunteers _____

Is the Activity open to the general public: Yes _____ No _____

ATTACH ANY CONTRACTS WHICH HAVE BEEN ENTERED FOR THIS EVENT

Club Authorization:

The undersigned further agrees to have all participants sign the WSUSA Team / Event Waiver Form. If the WSUSA Team / Event Waiver Form is not completed and returned to the WSUSA National Office the club will be responsible for payment of any insurance claims arising from the event for which the Certificate Of Insurance has been provided.

Club Name: _____

Signed by: _____

Printed Name: _____

Title: _____

CERTIFICATE WILL BE EMAILED TO THE EMAIL ADDRESS ON PAGE 1

ALLOW 3 – 4 WEEKS FOR PROCESSING

WSUSA office contact: Kelli Kellen
636 614 6784
office@wsusa.org