USA CYCLING, INC. 2017 OPTIONAL COACHES LIABILITY INSURANCE SUMMARY

ELIGIBILITY:	All currently licensed	USA Cycling coaches in good
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standing.

INSURANCE CARRIER: Lexington Insurance Company, an AIG Company

PROGRAM ADMINISTRATOR: Fairly Group

LIMIT OF LIABILITY: \$1,000,000 per occurrence, subject to policy and per

location aggregate limit.

COVERAGE HIGHLIGHTS: Bodily injury and property damage, including

participant legal liability coverage. Personal and advertising injury, including libel, slander and defamation of character. Professional Liability for Sports Instructors. Contains no exclusion for abuse

and molestation.

COVERED ACTIVITIES: The policy provides coverage during cycling related

activities of the coach in the disciplines certified by USAC as a coach. Camps and Clinics must be sanctioned by USA Cycling. Coaches must have all their clients sign a valid waiver and keep an original copy of the signed waiver for each client in their files. (See attached Several avaiver)

in their files. (See attached Sample waiver).

POLICY TERM: December 31, 2016 through December 30, 2017

ANNUAL FEE: \$225 domestic / \$275 international coverage

Fee cannot be pro-rated. (fee is applicable for administrative costs to provide general liability

evidence of insurance)

EXCLUSIONS: Advising, providing, or selling supplements,

food/beverage, diet plans, weight reduction plans, medications, etc. exclusion. Excludes all activities

including consulting associated with trail

construction and maintenance. Others per policy.

This is a brief outline of policy coverages. This is not a policy interpretation.

USA CYCLING, INC. 2017 OPTIONAL COACHES LIABILITY INSURANCE APPLICATION



Please return this completed application along with your check for the fee made payable to Fairly Group. Coverage will become effective after payment is received in full and the insurance carrier approves the application (NOT THE DAY IT IS MAILED) and will run through December 30, 2017. Credit cards cannot be accepted and fee cannot be pro-rated. Fee is fully earned and non-refundable upon acceptance of coverage by insurance carrier.

Name	EmailAddress		
Address			
City/State/Zip			
Home Telephone	Business Telephone		
Fax Number			
Please indicate coaching level: (Please fill in all that apply)	USAC Certified Level Coach (1, 2, or 3)USAC BMX Certified Level Coach (A or AA)		
	Fee: \$225		
If you would like to add the world total fee of \$275. Carrier has the	dwide endorsement for international coverage, there is an additional \$50 fee for a right to accept or deny coverage. Fee: \$275		
Countries:	Dates:		
·			
Do you coach cycling within a Sc	hool / College / University program? Y N		
	of school		
J			

(provided protection for requested, including rei			dministrative fee of \$10 for eac	h certificate of	insurance
(1)			(2)		
entity			entity		
street address			street address		
city	state	zip	city	state	zip
Additional Insured (Y)	(N)		Additional Insured (Y)_	(N)	
\$10 Fee Enclosed			\$10 Fee Enclosed		
(3)			(4)		
entity			entity		
street address			street address		
city	state	zip	city	state	zip
Additional Insured (Y)	(N)		Additional Insured (Y)_	(N)	
\$10 Fee Enclosed		\$10 Fee Enclosed			
for the purpose of defrau denial of insurance and c and correct. I have not w	ding or attemp ivil damages. villfully concea	ting to defraud t I certify under paled or misrepres	or misleading facts or information the company. Penalties may includenties for perjury, that the foresented any material fact or circural criminal and civil penalties.	ude imprisonm going statemen	ent, fines, its are true
Applicant's Name (Print)		Date			
Applicant's Signature		USAC Membership/License number			
Please send completed application to:		If by overnight delivery service:			
Fairly Group P.O. Box 1149 Amarillo, TX 79105-11 800-530-4809 ext. 3659	49		Fairly Group 1800 Washington, Ste. 4 Amarillo, TX 79102 800-530-4809 ext. 3659	100	

Please list the entities (coach's company name, dba, clubs and/or facilities) which require evidence of your insurance along with their address, city, state, and zip code. Please indicate if they are to be named as an Additional Insured

NOTE: This is a SAMPLE Waiver/Release form. It is for guidance and informational purposes only. Final wording should be as directed by the insured's counsel, but observing the principles represented within the document. DO NOT RETURN IT WITH YOUR APPLICATION.

WAIVER AND RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the <u>(name of organization)</u> program, its related events and activities, I, <u>(name of participant)</u>, the undersigned, 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 this 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 or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation 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 (name of coach), (name of organization), USA Cycling, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, 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.

X	Age:	Date Signed:
PARTICIPANT'S SIGNATURE		C

FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/legal 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 child and our 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.

permitted by law.	
X	Date Signed:
PARENT/LEGAL GUARDIAN SIGNATURE (print name))