

2015 USRowing Registered Regatta Application

Agreement for regattas using other insurance (\$100)

This option **cannot** be renewed online.

Name of Regatta: _____

Dates: _____ Member Organization ID # _____

Member Organization Name: _____

Which online registration are you using: RegattaCentral Other None

If you are not using RegattaCentral, please submit a list of all anticipated attending teams to members@usrowing.org.

Regatta Director: _____ Phone Number: _____

Website: _____ Email Address: _____

Mailing Address: _____

Body of Water: _____ Entry Deadline: _____

Number of Competitors: _____ Race Distance: _____ Registration Fee: _____

Type of Race: Sprint Head Open Water Other

Competitor Categories: College Junior Masters Adaptive Other

Chief Referee: _____ Chief Referee Email: _____

Has the Chief Referee been officially notified? Yes No

Number of Launches: _____ Referee _____ Safety/Rescue _____ Course Patrol _____

Will the body of water be closed to other boat traffic during competition? Yes No

If not, how will traffic be controlled? _____

Method for obtaining weather updates? _____

Are any rule exceptions or amendments being requested for this event? Yes No

If "Yes," please list exceptions: _____

You agree that you are registering this regatta and using liability outside of the general liability policy offered by USRowing. Access to USRowing referees is a primary benefit to registering your event at the \$100 level.

For regattas wishing to use outside insurance for registered events and to cover the liability of USRowing Referees and USRowing as additional insureds under your liability policy:

- My organization agrees to contact my insurer to name USRowing and USRowing licensed referees and officials as additional insureds for any events being covered under my policy. My insurer will send a certificate of insurance to USRowing upon my request.
- My organization wishes to have USRowing's policy cover the USRowing licensed referees and officials. This does not extend liability coverage to the event as a whole.

Signature: _____ Date: _____

Method of Payment:

Visa Mastercard Discover Check # _____

Credit Card # _____ Exp Date: _____

Please email this application to members@usrowing.org or fax to 609-924-1578.