

# 2016 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](mailto: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](mailto:members@usrowing.org) or fax to 609-924-1578.