

2011 Certificate of Insurance

The following condition is a requirement of the insurance company.

Signed waivers must be retained in order for participant liability to apply
A waiver and release form is required to be signed by all participants or parents of minors. Coverage is contingent upon having procedures in place that require the signing of a valid release and waiver of liability by all participants or parents of participants if applicable. Participant Liability Coverage will not apply if this is not in place.

Included in this document with the Insurance Certificate are two forms of a release document. There is an individual form that each parent can fill out and sign and there is a team form that may be filled out and a place for a parent to sign for each player. **You may use either of the forms or a combination of both. A parent only needs to sign one of them.**

Unfortunately in the litigious society that we live in today this is mandatory. If a claim is ever made the first thing that the insurance company is going to demand is the waiver form. To protect yourself and all other parties, please get this form filled out and signed. Send copies to the address below and they will be kept on file and show your good faith effort in obtaining them in the event of a claim.

This notice along with the release forms is included in the same PDF file with the insurance certificate as proof of receipt of notice of this requirement.

NWBA
1150 Woodridge Way
Canton, Ga 30114

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
01/26/2011

PRODUCER
Terry L Green & Associates, INC
P.O. BOX 367

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Snellville GA 30078-

INSURERS AFFORDING COVERAGE

INSURED
Crescent Sports Recreational Ins. RPG dba
Northwest Baseball
1150 Woodridge Way
Canton GA 30114-

INSURER A: American Southern Insurance Company
INSURER B: Chartis Insurance Company
INSURER C: Philadelphia Insurance Company
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	GL130001-100140	01/28/2011	01/28/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> INCLUDES PARTICIPANT				PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,000
					PARTICIPANT	1,000,000
	AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS		/ /	/ /		
	<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /		
	GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY		/ /	/ /	EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE		/ /	/ /		\$
	<input type="checkbox"/> RETENTION \$		/ /	/ /		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATUTORY LIMITS	OTHER
			/ /	/ /	E.L. EACH ACCIDENT	\$
			/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
			/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$
B	OTHER	SRG 91370-500-031	01/28/2011	01/28/2012	MAXIMUM MEDICAL	100,000
	ACCIDENT MEDICAL EXCESS COVERAGE				DEDUCTIBLE	0

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
C PHILADELPHIA INSURANCE COMPANY DO890989 01/28/2011 01/28/2012 \$1,000,000 DEDUCTIBLE 1,000

Certificate Holder Named As Additional Insured

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: A

CANCELLATION

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Terry L Green

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

WAIVER & RELEASE AGREEMENT

IN CONSIDERATION OF _____ (Name of Minor Child/Ward), participating in any way in the Northwest Baseball Association of Georgia related events and activities, the undersigned acknowledges that the risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for **permanent disability and death**, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury will always exist. Realizing that risks cannot be eliminated, I agree to the following:

1) I, FOR MYSELF, SPOUSE, AND CHILD, AND TO THE GREATEST EXTENT ALLOWED BY LAW, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF INJURY TO MY CHILD, both known and unknown and, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined below)** or others (including fellow players), and assume full responsibility for my child's participation; and,

2) My child/ward has been examined by his/her physician and has been approved to participate in the Program. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation in the Program or in the Program itself, I will remove my child from participation and bring such to the attention of the nearest Program official immediately; and,

3) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Northwest Baseball Association of Georgia its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Program (referred to in this Agreement as "Releasees"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property arising out of or related to my child's involvement or participation in these Programs, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities arising out of or related incident to our involvement or participation in these Programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, 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. I HAVE BEEN ADVISED TO CONSULT AN ATTORNEY BEFORE SIGNING THIS AGREEMENT.

(PARENT/GUARDIAN NAME)

(PARENT/GUARDIAN SIGNATURE)

Dated: _____

