



Insurance Registration Form

ACA Affiliate / Division / Paddle America Club

The ACA will issue a certificate of insurance, evidencing coverage to all Divisions, Paddle America Clubs and Affiliates and their event organizers in good membership standing for their events. The ACA's insurance may cover third parties associated with a course (ex: sponsors, land owners, etc.) by naming them as "additional insureds." If a third party requests an "additional insured" listing, the event organizer must fill out the appropriate section of this form and submit it to the ACA along with a fee of \$20 for each requested "additional insured."

Certificate request made less than ten (10) days prior to the date needed will incur an additional rush fee of \$25.

All fields on this form must be completed. Missing fields invalidate the certificate request form.

<i>Services</i>	<i>Affiliate Fees</i>	<i>Paddle America Club Fees</i>	<i>Division Fees</i>
<i>Sanctioning Fee (processing fee for Affiliates)</i>	\$ 25	<i>Free</i>	<i>Free</i>
<i>Rush Fee (for requests less than 10 days prior to event)</i>	\$ 25	\$ 25	\$ 25
<i>Additional Insured (per additional insured)</i>	\$ 20	\$ 20	\$ 20

Organization Information

<i>Organization name</i>	
<i>Organization ACA# (PACs & Affiliates only)</i>	
<i>Primary Event Organizer Name:</i>	
<i>Event Organizer ACA#¹</i>	
<i>Address</i>	
<i>City / State / Zip</i>	
<i>Phone</i>	
<i>E-mail²</i>	
<i>Website</i>	

¹ *Note: The Event Organizer must also be a current member of the ACA. Call (540) 970-4460 x104 to verify membership*

² *Certificates will be sent via e-mail to the address provided above. If no e-mail is provided, certificate will be sent via fax*

Event Information

<i>Event Name</i>		<i>Date Certificate of Insurance is needed</i>	
<i>Event Date</i>			
<i>Venue (waterway, park, etc.)</i>			
<i>River Classification (Class I-V)</i>			
<i>Minimum water flow ft. or cfs</i>		<i>Maximum water flow ft. or cfs</i>	
<i>Nearest City & State</i>			
<i>Event Description</i>			
<i>Estimated # of Participants</i>			

Rivers rated Class III and above require a detailed Safety Plan as per ACA Risk Management Guidelines. Events on Class III+ water must submit all necessary paperwork at least 14 days prior to the event.



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Event Planning for Affiliate Organizations, Divisions and Paddle America Clubs

The following pre-activity / event checklist is intended to demonstrate that the activity / event organizers have properly planned this activity / event in order to prevent accidents and handle emergencies if (when) they occur and will assist in the preparation of an appropriate emergency plan. Please also refer to the “ACA Risk Management Requirements for Affiliates, Divisions, and PACs.” If additional space is needed, please attach additional information as it relates to the event.

<i>Activity / Event Support Team</i>	
Number of staff and volunteers do you plan to involve?	
Who is the activity / event Safety Coordinator?	
Who is responsible for planning and leading emergency procedures?	
Who is responsible for inspecting the activity event site for possible hazards?	
Who is responsible for coordinating officials and insuring that all rules are followed?	
Who is responsible for relaying activity / event rules and possible hazards to participants?	
<i>Emergency Plans</i>	
All activity / event management must be briefed on emergency procedures, both for spectators and participants. Briefing should include procedures to follow in case of medical or other emergency, including location of medical personnel, emergency evacuation plans, location of communication equipment, etc.	
What are your procedures for medical emergencies, including communications?	
Are there emergency vehicles on site?	
Are there safety boats, and if so, how many and how will they be used?	
Briefly, what are your plans for emergency evacuation of spectators and/or participants?	

<i>Activity / Event Site</i>	
How many spectators are you expecting?	
What provisions are being made for shelter from sun, heat or cold?	
What provisions are being made for drinking water and toilet facilities?	
How will you manage spectators?	

<i>Social Media Promotion</i>	
How will your event acknowledge the ACA (ie., press release; on your website or social media sites; incorporating the ACA logo into advertisements, publications, signage, etc.)?	



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ADDITIONAL INSURED

Please list any Additional Insured entities that need to be listed on the certificate of insurance. If you have multiple Additional Insureds please attach a separate sheet for each. You will need to include the information below for each additional insured.

Complete Name of Additional Insured	
Contact Person for Additional Insured	
Additional Insured Mailing Address (street, city, state, zip)	
Additional Insured Phone Number & Fax	
Additional Insured E-mail Address	
Please outline the relationship of the additional insured to the activity or Instructor (ex: sponsor, land owner, etc)	
Please specify Additional Insured wording if name on Certificate is different than name above, or attach copy of their written request or instructions. American Specialty must review and approve request.	
As concerns the Additional Insured above, has the organization entered into any agreement, contract, or permit that contains Assumption of Liability, Indemnification, or Hold Harmless Language?	Yes / No If "yes", please attach a copy of the document with this request

As the ACA member/Event Organizer in charge of this event, acting as an agent of the Organization detailed above, I hereby agree that the event will be conducted in accordance with all ACA requirements, risk management, and all other rules, guidelines, and conditions established by the ACA. I have read and fully understand the sanctioning requirements established by the ACA, I have personally inspected the event site(s) and I attest to the fact that such site(s) are appropriate for use in this event and free of undue hazards.

Signature	
Date	

Payment

Checks (payable to the "ACA"):

Send Checks to:
 ACA | Canoe – Kayak – SUP – Raft - Rescue
 Attn: Insurance
 503 Sophia St. Suite 100
 Fredericksburg, VA 22401

Credit Card: Visa / MasterCard / AmEx / Discover

Sanctioning Fee (\$25 – for Affiliates)	
Rush Fee (\$25 – if applicable)	
Additional Insured (\$20 each)	
Total Enclosed:	\$ _____
<i>Please do not send cash</i>	

Card #		Exp Date		CCV#
Name on card	Signature			