# 2012 USRowing Registered Regatta Application
# And Agreement for Regattas Using Other Insurance

Name of Regatta: _____

Dates: _____ Host Organization: _____

Which online registration are you using: ☐ Regatta Central ☐ Other ☐ None

Regatta Director:_____Phone Number:_____

Web Site:_____ E-mail Address: _____

Mailing Address:_____

Body of Water (Site):_____Entry Deadline:_____

Number of Competitors:_____Race Distance:_____Registration Fee:_____

Type of Race (Please Circle): Sprint Head Open Water Other:_____

Competitor Categories (Please Circle): College Junior Masters Adaptive Other:_____

Chief Referee: _____ Chief Referee's e-mail address: _____

Has the Chief Referee been officially notified? Yes No

Number of Launches: Referee _____Reserve _____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:

Check here _____, to indicate that your organization agrees that you will contact your insurer to name USRowing and USRowing licensed referees and officials as additional insureds for any events being covered under your policy. Your insurer will send a certificate of insurance to USRowing, upon your request.

Check here _____, to indicate that your 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.

Method of Payment: Check (*If paying by check, please make* ***check payable to USRowing*****).**

Visa ☐ Mastercard ☐ Discover ☐

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

**Please e-mail this application to members@usrowing.org or fax to 609-924-1578.**