

OUTFITTERS & GUIDES LARGE OPERATIONS

Eligible Operations:

- Adventure/challenge ropes course facilitators
- Canoeing and kayaking
- Hunting and fishing
- Indoor climbing gyms and centers
- Surfing
- Mountain biking
- Mountaineering
- Rafting
- Sailing
- Surfing

Ineligible for this program:

- Adventure races
- Animal auctions
- Animal breeding or boarding
- ATV rentals
- Dog sledding
- Downhill or powder skiing
- Destination resorts
- Dude ranches
- Mud runs
- Petting zoo
- Retail only operations
- Rodeos
- Snowmobile rental
- Stand-alone bike rentals
- Stand-alone cross country and backcountry skiing
- Stand-alone equine operations
- Stand-alone portable climbing walls and bicycle rentals
- Steeplechase

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Outfitters & Guides Program for over 10 years
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

The Outfitters and Guides Large Operations program offers insurance solutions for outfitter and guide operations with more complex insurance needs and that do not qualify for our limited services program. Management must have at least three years of management experience in the industry.

General liability minimum premium: \$1,500 except for:

- \$2,000 for new ventures in business less than one year
- \$2,500 for mountaineering, ropes and challenge courses

We also offer a Risk Purchasing Group Program for outfitter and guide operations meeting the following guidelines:

- Engaged in select activities
- Have gross receipts less than \$750,000
- In business for at least one year or 3 years of equivalent experience

Coverages Available & Program Highlights:

- General Liability
- Excess Liability
- Commercial Auto
- Inland Marine

Insuring the world's fun[®]

Contact Information:

P.O. Box 2338 Fort Wayne, IN 46801-2338

Outfitters & Guides Program

PHONE: 800.440.5580

FAX: 260.459.5810

EMAIL:

KK.Recreation@kandkinsurance.com

WEB SITE:

kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

Submission Instructions:

To request an insurance quotation through this program, please complete the appropriate PDF application (available at www.kandkinsurance.com) and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s)
- Five years of company loss runs
- Facility brochure (if available)
- Copy of waiver & release forms
- Website

Outfitters & Guides Application(s):

Applications can be obtained from our web site:
kandkinsurance.com

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OUTFITTERS & GUIDES APPLICATION

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Named Insured as it is to appear on policy: _____

Doing business as: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone number (_____) _____ Fax number (_____) _____

E-mail address: _____

Web site address: _____

Description of operation/location: _____

Address(s) of actual operation: _____

City: _____ State: _____ Zip: _____

Does Insured: Own Lease premises

Owner of premises: _____

Address: _____

Named Insured Tax ID/FEIN number: _____

Type of business entity (Corporation, LLC, etc): _____

Have the business owners, partners, or principal shareholders ever had an outfitter's license refused, revoked, suspended, or voluntarily surrendered? Yes No

If yes, please explain: _____

Names of all partners or officers of corporation: _____

Proposed effective date: _____

Length of operational season: _____

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION. ALL OPERATIONS MUST BE DECLARED. INCOMPLETE SUBMISSIONS MAY DELAY OR PREVENT PROCESSING:

- Applicable Additional Information Form(s).
- Completed Fraud Warning. (attached)
- Copies of Waiver/Release Forms. See attached sample waiver.
- Signed applicable Minimum Underwriting Guidelines. (attached)
- Five years of currently valued loss history.
- Schedule of Additional Insured(s).
- Resume of owner (if applicant is a new venture).
- Certificates of Insurance for all subcontractors.
- Appropriate ACORD Forms as a separate request.

GENERAL UNDERWRITING INFORMATION

Length of time in business at this location: _____years

Total management relevant experience in this type of business: _____years

Associations of which the insured is a member: _____

1. Are all participants and a parent/legal guardian for minors (where applicable) required to sign an individual waiver/lease form? Yes No
Does waiver include release, indemnify, hold harmless language? Yes No
2. Are waiver/release forms kept on file for a minimum of seven years? Yes No
3. How often do guides and staff receive a review in the proper use of equipment and related safety procedures? _____
4. Describe regular maintenance schedule for equipment, documentation, responsibility, etc. _____

5. What emergency equipment do you carry? (Radios, Flares, First Aid kits, etc.) _____

6. Do you host overnight trips with children 18 & under? Yes No
7. Do you host or sponsor events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No
Do you plan to sponsor, hold or otherwise be involved in any type of event, other than participation in demonstration days or trade shows? Yes No
If yes, please describe: _____ Date of event: ____/____/____
If yes, is this event covered elsewhere? Yes No
8. Do you lease or contract your property for events such as mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No
If yes, do you require a Certificate of Insurance naming you as an Additional Insured? Yes No
Are minimum Liability Limits required? Yes No
Do you require coverage to be shown for both General Liability and for Participant Legal Liability? Yes No
9. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? Yes No
10. Do you provide car rack installation or alter vehicles in any way? Yes No
11. Do you own a trailer and operate it for your business? Yes No
If yes, is it covered by a Business Auto policy? Yes No
Trailers are not covered under this program.
12. Do you have/use a Tryolean Traverse? Yes No

13. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)? Yes No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- *Alert Driving:* www.alertdriving.com
- *National Safety Council:* www.nsc.org
- *Smith System Training:* www.smith-system.com

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

ANNUAL REVENUE & SALES INFORMATION Total Revenue from all Operations \$_____

Demonstrations & Clinics	\$_____	# Fishing/Hunting Club Member	\$_____	# of Ropes Course/Zip Line/ Canopy Tour Participants	_____
Flatwater	\$_____	Guided Bicycling/Mountain Bicycling	\$_____	# of Climbing Wall Participants	_____
Guided Class I, II, or III Rivers	\$_____	Guided Cross Country/ Back Country Skiing	\$_____	Hiking/Backpacking, and Camping	\$_____
Guided Class IV or V Rivers	\$_____	Trap/Skeet/Archery	\$_____	Camp/Picnic Grounds	\$_____
Shoreline Sailing	\$_____	Bicycle Rentals	\$_____	Misc. Equipment Rental (Excluding Non-Motorized Watercraft)	\$_____
Surfing Instruction	\$_____	Guided Rock/Ice Climbing/Mountaineering	\$_____	Retail Sales	\$_____
Snorkeling	\$_____	Indoor Climbing Walls	\$_____	Food/Non-Alcoholic Beverage Sales	\$_____
Non-Motorized Watercraft Rentals (Canoe, Kayak, Tube, Paddleboard, SUP)	\$_____	Mobile Climbing Walls	\$_____	Liquor Sales	\$_____
Guided & Non-Guided Fishing Trips	\$_____	Climbing Competitions	\$_____		
Guided & Non-Guided Hunting Trips	\$_____	Ropes Course/Zip Line /Canopy Tour	\$_____		

Please list number of each:

Lodges	_____	Pistol Ranges	_____
Cabins	_____	Trap/Skeet/Archery Ranges	_____
Swimming Pools	_____	Zip Lines/Canopy	_____
Fishing Ponds	_____	Mobile Climbing Walls	_____
Hot Tubs/Saunas	_____	Boats with motor	_____
Snowmobiles	_____	Boats without motor	_____
Athletic Courts	_____		
ATV/UTV	_____		

- Do guest sleeping areas have smoke alarms? Yes No
- If meals are served, are appropriate food handling and sanitation procedures followed? Yes No
- Are pool areas enclosed by a fence? Yes No
- Are lifesaving devices positioned by the pool? Yes No

HUNTING & FISHING ADDITIONAL INFORMATION - CHECK IF NO EXPOSURES EXIST

1. What percentage of your hunting is non-guided? _____%
2. What type(s) of terrain does the hunting take place on? _____
3. Are minors permitted to hunt? Yes No
 - a. If yes, what percentage of the overall operation is youth orientated? _____%
 - b. If yes, what is the minimum allowed age? _____ years
 - c. If yes, are parents/guardians required to be present? Yes No
4. What type(s) of game are being hunted? _____
5. Are tree stands used? Yes No
 - a. If yes, how often are they maintained? _____
 - b. If yes, are harnesses required? Yes No
6. Are any of the following used to transport hunters, equipment, or game? Yes No
 If yes, how many?
 Horses: _____
 Snowmobiles: _____
 ATVs: _____
 Other (please describe): _____
7. Do you employ anyone younger than 18 years of age? Yes No
 - a. If yes, please explain their duties. _____
8. Where are fishing trips conducted (lakes, rivers, ocean, etc)? _____
9. Are boats used? Yes No
 - a. If yes, are they motorized? Yes No
 - b. If yes, please provide the horsepower, length, and person capacity of each boat. (Boats over 250 HP are ineligible for coverage under this program.) _____

WATERCRAFT ADDITIONAL INFORMATION - CHECK IF NO EXPOSURES EXIST

1. What rivers or lakes do you operate on? (Types are: Motor, non-motor)

NAME/DESCRIPTION	CLASS 1-5	TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____
2. All boats, rafts, canoes, kayaks, etc. used, including length, person capacity, motor size.
 (Attach a separate sheet if necessary.) _____
3. Do you employ anyone younger than 21 years of age? Yes No
 If yes, please explain all duties: _____
 Attach a list of supplies and equipment used.
4. Do you rent any equipment? Yes No
 If yes, please explain: _____

GUIDE INFORMATION

Please detail the experience of all guides. Use additional sheets as necessary.

Name	Years of Experience	Age	Lead Guide		Basic Certified CPR		Advanced First Aid & Training		State First Aid Guide		
			Yes	No	Yes	No	Yes	No	Yes	No	N/A
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Have any of the guides you employ or subcontract ever been involved in an incident which resulted in serious injury or death? Yes No
If yes, please describe. _____
- In the past five years, have you or any of your staff (employees, volunteers, subcontractors, etc.) had any infractions, fines, or citations from any applicable authority (Parks Service, Forest Service, City, State, etc.)? This includes but is not limited to having you or a staff member's license(s) suspended or revoked. Yes No
If yes, please describe. _____
- Please check all of the following guide certifications that apply:
 ___ EMT ___ Wilderness Training ___ AMGA ___ Swift Water Rescue Training Other _____
 Please describe other applicable training/certifications: _____
- Are the guides licensed for Guiding/Outfitting by the applicable authority? Yes No
If no, why not? _____
- Please describe the training guides receive: _____

MUST BE ANSWERED IN FULL

Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? Yes No
Including gross receipts, please describe: _____

Previous Carrier Information:

If any losses, give approximate dates and explanation of loss

COMPANY	POLICY NUMBER	PERIOD	PREMIUM	NO. OF CLAIMS	LOSSES

Were you cancelled or was insurance denied in last four years? Yes No
If yes, please explain. _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

(MM/DD/YY)

(MM/DD/YY)



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ROCK CLIMBING,
MOUNTAINEERING,
& MOUNTAIN BIKING
ADDITIONAL INFORMATION

MOUNTAIN BIKING INFORMATION

- 1. Do you require helmets to be worn by each participant?
2. Are chairlifts utilized in operation?
3. Is signage posted in the mountain biking area...
4. Is area/trails patrolled during operations?
5. Do you provide bike rentals?
6. Are any special events planned pertaining to these operations...

ROCK CLIMBING & MOUNTAINEERING INFORMATION

PLEASE INDICATE THE TYPES OF ACTIVITIES YOU PROVIDE

- Club # of Members:
Outdoor Climbing (rock/ice) Revenue:
Competition # of Participants:
Other: Revenue:
Cross Country Skiing Revenue:
Ski Mountaineering Revenue:
Top Rope Climbing Revenue:
Lead Rope Climbing Revenue:

- Are your guides members of industry-recognized organizations?
Where do climbs take place?
Are the climbs conducted over a period of days?
What is the minimum age allowed to climb?
What is the guide-to-participant ratio?



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INDOOR CLIMBING ADDITIONAL INFORMATION

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1. What year was your climbing gym built? _____
2. What is the name of the company that built your gym? _____
3. Who is responsible for inspecting the climbing walls? _____
 If a subcontractor, are certificates of insurance reflecting additional insured status obtained? Yes No
4. How often are the climbing walls inspected? _____
5. Please indicate height and width of the climbing walls. _____
6. Please describe the type of padding/foam that is at the base of each wall. _____
7. What is the maximum participant-to-staff ratio? _____
8. Please describe how climbers are monitored during climbing hours. _____
9. Is there "Assumption of Risk" signage posted throughout the facility? Yes No
10. Do you have a program in place to train all staff in all facets of your gyms operations? Yes No
11. How often does staff receive updated training? _____
12. Are climbers permitted to bring and use their own equipment at your gym? Yes No
 If yes, do you check their equipment to ensure its adequacy? Yes No
13. Please check the type(s) of climbing that are permitted.
 Bouldering _____ Roped Climbing _____ Belaying _____ Other (describe) _____
14. Please indicate the minimum age(s) required to participate in the above types of climbing. _____
15. In order to belay, are participants required to take a belay test? Yes No
16. What type of belay system is in place? _____
17. If an automatic system, is it serviced according to the manufacturer's guidelines? Yes No

Annual Revenue: \$ _____



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PORTABLE CLIMBING WALL ADDITIONAL INFORMATION

NOTE: Liability coverage for portable climbing walls can only be offered if the exposure is incidental to the applicant's primary operation. Portable Climbing Wall Coverage can not be offered on a stand-alone basis.

1. Who built the wall? _____
2. Who is setting up and tearing down the climbing wall? _____
3. Is there a check list? Yes No
4. Is there some type of safety backup? Yes No
5. What safety equipment will the participants be using? _____
6. How many participants are anticipated? _____
7. How many event days are planned for the year? _____
8. Please provide a diagram of the wall in the space below or on an additional sheet.

Annual Revenue: \$ _____



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ROPES COURSE
ADDITIONAL
INFORMATION

UNDERWRITING INFORMATION

- 1. By whom was the course designed:
2. By whom was the course constructed: When:
3. How often is the course inspected?: Monthly Quarterly Annually By Whom:
4. What percentage of the course is High Element?: Low Element:
5. Are any portable elements used (i.e., challenge walls, etc.) or unique obstacles employed? Yes No
6. Total number of instructors (including directors):
7. Is the course director currently certified? Yes No
8. How many assistant instructors are certified? By Whom:
9. What is the ratio of participants to instructors?
10. Total number of participants anticipated in the coming year: Anticipated receipts: \$
11. Percentage of participants: Under 18 years of age: % Over 18 years of age: %
12. Minimum Age: Maximum Age:
13. Do you provide services to the mentally or physically challenged and/or troubled youth organizations? Yes No
14. Is the course ever rented to outside groups or individuals? Yes No
15. Does your group do any of the following:
a. Course design/construction? Yes No
b. Site/course accreditation/certification? Yes No
c. Instructor certification? Yes No
d. Rope course supplies/accessories sold? Yes No
16. How far is the nearest hospital?

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- Photo or diagram of course elements.
Copy of the latest inspection.
Copy of emergency evacuation procedures.



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EQUINE ADDITIONAL INFORMATION

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1. Estimated maximum number of animals used on any one day: _____
2. Pony Rides:
 Number of ponies: _____ Type of ride: Sweep Ring Other: _____
 Gross receipts: \$ _____
3. Do you have trail rides with riders using their own horse? Yes No Are they guided? Yes No
 Maximum at any one time: _____
4. Do trails cross or run parallel to roads or highways? Yes No
 If yes, please describe: _____
5. Do you have guided trail rides? Yes No Gross receipts \$ _____
6. Do you use guides or safety patrol for all riders? Yes No
7. Do you rent or lease horses or ponies to camps/resorts or individuals? Yes No
 How many rented? _____
 To whom rented? _____
 Rental term: _____ Gross receipts: \$ _____
8. Do you sell tack and/or clothing? Yes No
 Area used (sq. ft.): _____ Gross receipts: \$ _____
9. Do you repair riding equipment for others? Yes No
10. Carriage/sleigh/wagon: On premises Off premises
 Number of passengers: _____ Number of units _____



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ROCK CLIMBING, MOUNTAINEERING, & MOUNTAIN BIKING MINIMUM UNDERWRITING GUIDELINES

The following guidelines have been established as minimum requirements for this program.

1. A waiver & release of liability form, provided by you, recognizing the dangers of mountaineering will be signed by and obtained from all customers. The form must have a parent's or legal guardian's signature if the customer is under legal age. One waiver per customer is a requirement. Roster waivers are not acceptable.
2. Climbing helmets will be made available to all climbers. Climbers, other than a student, declining to wear such a helmet must sign a waiver and release of liability (provided by you and approved by K&K) which includes a statement regarding their knowledge of the dangers of climbing without a helmet. A parent or legal guardian's signature must be obtained for climbers under 18 years old declining to use a helmet. All students will wear the helmet without exception.
3. An operations manual will be forwarded for all activities and is subject to K&K approval. It will contain the minimum sections/information as follows: Emergency weather condition procedures, length of trip, sanitation, water purification, evacuation, climbing procedures, minimum guide experience and customer safety orientation. This manual may be abbreviated for climbing walls.
4. Guide standards: All guides will be at least 21 years of age with a minimum of two years guiding experience. Submit a resume with three (3) references to K&K for any exceptions. If guides are allowed to drive students and other climbers to the climbing site, a motor vehicle report (MVR) must also be submitted to K&K for consideration of an exception to the age and experience criteria.
5. Senior Guide Minimum Medical Qualifications: Advanced first aid or more advanced medical training for all activities (note: medical supplies suitable to the degree of training of the responsible person must be carried at all times).
6. Volunteer Trip Leaders of Clubs Minimum Medical Qualifications: Basic first aid certification.
7. All technical climbing equipment used should be manufactured to standards similar to those established by the Union Internationale des Associations d'Alpinisme (UIAA). All other equipment should be purchased from a vendor that has significant knowledge of the climbing equipment manufacturers.
8. Any customer, guide, or staff member who is, or appears to be intoxicated or under the influence of an illegal or controlled substance will be not be allowed to participate in any mountaineering or related activities.
9. All employees and customers will be fully informed of these requirements and will agree to enforce and adhere to them.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive written approval for the exception from K&K.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

(MM/DD/YY)

(MM/DD/YY)



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GUIDED WHITEWATER MINIMUM UNDERWRITING GUIDELINES

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The following guidelines have been established as minimum requirements for this program.

1. A waiver & release of liability form, provided by you, recognizing the dangers of whitewater rafting/boating will be signed by and obtained from all customers. In addition to the customer's signature, the form must have a parent's or a legal guardian's signature if the customer is under legal age. One waiver per customer is a requirement. Roster waivers are not acceptable.
2. Customers will be fitted with a United States Coast Guard approved personal flotation device. The personal flotation device will be worn and securely fastened by all customers on the watercraft at all times.
3. Customers will be fitted with an industry-accepted helmet. The helmet will be worn and securely fastened by all customers prior to entering the watercraft, Class IV and V rivers only.
4. The Primary/Lead Guide on an expedition or trip must be at least 21 years of age and have two years of guiding experience on the waterways and follow state certification requirements. To request an exception to this requirement you must send the guide name, age, MVR information and a complete description of the guides training and experience. Written approval must be given prior to allowing the guide to participate as the Primary/Lead Guide.
5. Guide to customer ratios will not exceed ten (10) customers to one (1) guide.
6. Each Expedition or Trip must have one or more guides with the following certifications: Cardiopulmonary Resuscitation, First Aid and Water Rescue.
7. Each Expedition or Trip is required to have a suitable and adequately stocked first aid kit.
8. Emergency Equipment must be present on each guide Expedition or Trip. This may be in the form of a signaling device, two-way radio or cell phone.
9. One buoyant heaving line at least 3/8 inch in diameter and 50 feet in length, carried in a bright colored rescue bag, will be on board each multiple passenger raft.
10. No alcoholic beverages or controlled substances may be consumed or allowed on board any watercraft.
11. Any customer, guide or staff member who is, or appears to be intoxicated or under the influence of illegal or controlled substances will not be allowed on board any watercraft.
12. Equipment Maintenance/inspection procedures must be in place.
13. All employees and customers will be fully informed of these requirements and will agree to enforce and adhere to them.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive written approval for the exception from K&K.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Producer's Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

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GUIDED CANOEING OR KAYAKING MINIMUM UNDERWRITING GUIDELINES

The following guidelines have been established as minimum requirements for this program.

1. A waiver & release of liability form, provided by you, recognizing the dangers of canoeing or kayaking will be signed by and obtained from all customers. In addition to the customer's signature, the form must have a parent's or a legal guardian's signature if the customer is under legal age. One waiver per customer is a requirement. Roster waivers are not acceptable.
2. Customers will be fitted with a United States Coast Guard-approved personal flotation device. The personal flotation device will be worn and securely fastened by all customers on the watercraft at all times.
3. The Primary/Lead Guide on an expedition or trip must be at least 21 years of age and have two years of guiding experience on the waterways and follow state certification requirements. To request an exception to this requirement you must send the guide's name, age, MVR information and a complete description of the guides training and experience. Written approval must be given prior to allowing the guide to participate as the Primary/Lead Guide.
4. Guide to customer ratios will not exceed ten (10) customers to one (1) guide.
5. Each expedition or trip must have one or more guides with the following certification: Cardiopulmonary Resuscitation, First Aid and Water Rescue.
6. Each expedition or trip is required to have available a suitable and adequately stocked first aid kit.
7. Emergency equipment must be present on each guide expedition or trip. This may be in the form of a signaling device, two-way radio or cell phone.
8. Any customer, guide or staff member who is, or appears to be intoxicated or under the influence of illegal or controlled substances will not be allowed on board any watercraft.
9. Equipment maintenance /inspection procedure must be in place.
10. All employees and customers will be fully informed of these requirements and will agree to enforce and adhere to them.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive written approval for the exception from K&K.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

(MM/DD/YY)

(MM/DD/YY)



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NON-GUIDED/NON-MOTORIZED WATERCRAFT, AND TUBE RENTAL UNDERWRITING GUIDELINES

The following guidelines have been established as minimum requirements for this program.

1. A waiver & release of liability form, provided by you, recognizing the dangers of canoeing, kayaking, rafting and tubing will be signed by and obtained from all customers. In addition to the customer's signature, the form must have a parent's or a legal guardian's signature if the customer is under legal age. One waiver per customer is a requirement. Roster waivers are not acceptable.
2. United States Coast Guard approved personal flotation devices are required to be fitted and provided to each customer.
3. Any customer, guide or staff member who is, or appears to be intoxicated or under the influence of illegal or controlled substances will not be allowed on board any tube or watercraft. Alcohol consumption signs regarding this must be posted and visible at all times.
4. All employees and customers will be fully informed of these requirements and will agree to enforce and adhere to them.
5. Equipment maintenance/inspection procedures must be in place.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive written approval for the exception from K&K.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

(MM/DD/YY)

(MM/DD/YY)



P.O. Box 2338
 Fort Wayne, Indiana 46801
 (800) 440-5580 Fax (260) 459-5821
 www.kandkinsurance.com
 CA #0334819

GUIDED TRAIL RIDE MINIMUM UNDERWRITING GUIDELINES

Insuring the world's fun!

The following guidelines have been established as minimum requirements for this program.

1. A waiver & release of liability form, provided by you, recognizing the dangers of horseback riding will be signed by and obtained from all customers. The form must have a parent's or legal guardian's signature if the customer is under legal age. One waiver per customer is a requirement. Roster waivers are not acceptable.
2. The minimum age for riders is 6 years. All riders will be matched to horses according to aptitude, ability and size. Each rider will properly fit into his/her saddle and stirrups. Only one rider per horse is allowed.
3. Riders will be carefully checked to ensure that each rider is physically and mentally fit to ride a horse. The stable manager will carefully screen any overweight and/or young riders. Elementary riding safety will be explained to all riders, including how to control a runaway horse.
4. Experienced, gentle horses with well-defined withers to keep the saddle from rolling will be used. No sick horses or stallions may be ridden. All horses must be saddled and each horse will be fitted with its own set of tack that will not be changed from horse to horse.
5. All riders will be accompanied by a guide with a ratio not to exceed six (6) riders to one (1) guide if the gait is a trot or slower. Before exceeding a trot, riders must have ridden at the stable at least three (3) times and a ratio of four (4) riders to one (1) guide must be maintained.
6. Riders are not to dismount on the trail. If a rider drops anything from a horse, the guide is to retrieve the article.
7. The minimum age for each guide is 24 years. Younger guides may accompany an older guide. All guides will be employed by the stable and have at least two (2) years horse guiding experience. All guides will have current first aid training from an accredited source (Emergency Medical Technician, Red Cross or equivalent).
8. All saddles will have tapaderos or safety break-away stirrups in good repair. The cinches and latigos are to be new or in excellent condition. One-piece or tied reins will be utilized. Riding helmets will be made available to all riders. Riders declining helmet use must sign a waiver and release of liability (provided by you and approved by K&K) which includes a statement regarding their knowledge of the dangers of riding without a helmet. A parent or legal guardian's signature must be obtained for riders under 18 years old declining to use a helmet.
9. There shall be at least one functional set of two-way radios or cellular phones on each ride.
10. Any customer, guide or staff member who is, or appears to be intoxicated or under the influence of illegal or controlled substances will not be allowed to participate.
11. All employees and customers will be fully informed of these requirements and will agree to enforce and adhere to them.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive written approval for the exception from K&K.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Producer's Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

 (MM/DD/YY)

 (MM/DD/YY)



NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

Named Insured: _____

Do you have a Business Auto Policy for owned autos? Yes No

If yes, can coverage be obtained under your Business Auto Policy? Yes No

If no, please explain: _____

NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business? Yes No

If so, please provide details regarding duties involved: _____

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto? Yes No

3. Do you run motor vehicle reports on each employee? Yes No

4. Please explain what other controls you have in place to protect your company's liability? _____

5. Number of Employees _____ Number of Volunteers _____

HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business? Yes No

2. If you anticipate some usage this year:

A. What type of vehicle (trucks, cars, buses)? _____

B. What is the estimated cost to lease or hire the vehicles? _____

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only? Yes No

If yes, how many? _____ For how long? _____

Number of times per year: _____ Distance traveled per trip: _____

B. Haul equipment: Yes No

If yes, please explain and identify frequency and distance traveled per trip: _____

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: _____ Distance traveled per trip: _____

How long the vehicles will be used: _____ Year built: _____ Cost new: _____

5. Does the leasing company provide drivers or do you use your own? _____

6. Do you purchase liability insurance from the leasing company? Yes No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? Yes No If yes, please explain: _____

8. What is the estimated annual cost to hire/lease all vehicles? _____

9. Do you hire vehicles for more than or less than 30 days for any one time? More Less
If more than 30 days, vehicles should be scheduled.

10. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)? Yes No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- Alert Driving: www.alertdriving.com
- National Safety Council: www.nsc.org
- Smith System Training: www.smith-system.com

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

HIRED AUTO PHYSICAL DAMAGE

1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? _____

2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? _____

3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No
4. What is the maximum number of vehicles leased at one time? _____
5. Please provide the garage location of the vehicles (city and state): _____
6. Requested Comprehensive Deductible? \$ _____ Collision Deductible? \$ _____

LIST OF DRIVERS- Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEASED VEHICLES

If leased, what is the term of the lease? _____

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



PUBLIC TRANSPORTATION QUESTIONNAIRE

(To be completed to provide coverage under the Commercial Auto Policy)

The following information must be provided to properly underwrite any vehicle used to transport passengers:

1. Please provide vehicle operations details: _____
2. Please provide details on who will operate the vehicles including list of drivers, ages, and information required for us to obtain MVRs if not provided elsewhere.
3. Please describe the criteria in the hiring of drivers: _____
4. Please describe the training of the drivers: _____
5. Are vehicles ever loaned or given to employees for their personal use? Yes No
6. Is management involved in daily operations? Yes No
7. Does the applicant have a formal safety program? Yes No
If yes, describe including how often regular meetings are conducted: _____
8. Does the applicant have a written maintenance program? Yes No
If yes, who is responsible for this? _____
9. Does the applicant follow daily DOT inspection procedures? Yes No
10. Are service records and pre-use inspection logs of each vehicle maintained on a daily basis? Yes No
11. Are vehicles equipped with passenger seat belts? Yes No
12. Where are vehicles stored? _____
13. Please describe the storage details including inside or inside and security measures for storage area: _____
14. What percentage of driving takes place on:
Paved/Main Roads: _____
Steep/Winding Roads: _____
Dirt/Gravel Roads: _____
15. Annual cost to hire the vehicles:
a. Where the insured must insure the vehicle \$ _____ (Primary)
b. Where the lessor insures the vehicle \$ _____ (Excess)*
* Please be sure to collect a certificate of insurance evidencing automobile liability coverage naming you as additional insured
c. What is the average term of the lease? _____

16. Vehicle Details:

Vehicle Capacity	Number of owned units	Number of rented/leased units	Average days used per week	Percent of trips 0 - 50 miles	Percent of trips 51 - 200 miles	Percent of trips > 200 miles	Annual Miles
8 or less:							
9 - 20:							
21 - 60:							
> 60:							

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)

PARTICIPANT RELEASE OF LIABILITY AND REQUIREMENT:

A Waiver/Release Assumption of Risk form **MUST** be signed by **ALL** participants and the named insured is required to keep records of all signed waivers. Failure to comply with this condition is grounds for declination of a claim.

A **SAMPLE** Waiver/Release is provided below.

ASSUMPTION OF RISK AGREEMENT *READ BEFORE SIGNING*

Organization Name/Named Insured (as shown on policy/certificate) : _____

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE _____, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premise used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, 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.

X _____

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____

Parent/Guardian Signature

Date

Emergency Phone Number (s)

NOTE: This is a SAMPLE WAIVER FORM only. Final wording should be directed by the insured's counsel, but must observe the principles represented within the above.