TO: Club Contact/USA Swimming Member Clubs
FROM: Member Services Division/Insurance and Risk Management
SUBJ: 2021 Club Insurance Packet

Enclosed is your club’s 2021 Certificate of Insurance. The certificate is proof of your club’s General Liability Insurance Coverage and describes the types of insurance coverage provided by USA Swimming along with the limits of liability for covered activities.

Additional Insured Endorsements are requested through Certificates Now System! See the certificates online instruction sheet in the packet. Our insurance broker, Risk Management Services, requires that our clubs request their additional insured endorsements online through the Certificates Now System website. This service is available 24 hours day/7 days a week and the certificate can be emailed or faxed to your facility or to you within minutes. Step-by-step instructions are enclosed! If the facility requires special wording/endorsement you will need to contact Lori Sabato, Lori.Sabato@theriskpeople.com, or Debbie Williams, dwilliams@theriskpeople.com, at Risk Management Services. Be sure to include the name of your club, the name of the facility, and the special wording or specific endorsement required. Please call 1-800-777-4930, if you need to talk to them. Lori is x19 and Debbie x13.

ATTENTION NEW CLUBS: If you login to Certificates Now System and the system does not find your club, CONTACT RISK MANAGEMENT SERVICES TO ENSURE THAT YOU ARE ENTERED IN THE CERTIFICATES NOW DATABASE. YOU WILL NOT BE ABLE TO LOG IN TO REQUEST YOUR ADDITIONAL INSURED ENDORSEMENTS UNTIL YOU ARE ENTERED INTO THEIR SYSTEM. CALL Lori Sabato at 1-800-777-4930 x19.

ALL REPORT OF OCCURRENCE FORMS ARE NOW SUBMITTED DIRECTLY ONLINE AT THIS EASY TO USE LINK: http://www.usaswimming.org/ROO.

Insurance and Risk Management Information can be found on the USA Swimming website at: http://www.usaswimming.org/insurance.

After registration, each club will receive a copy of the 2021 USA Swimming Rules and Regulations handbook mailed directly from the publisher. (Rulebook is revised each year around the end of October).

Other insurance coverage may be necessary for clubs such as Directors & Officers Insurance Coverage (especially for non-profit boards) or Workers Compensation Insurance Coverage. Those insurance programs can be purchased through a local agent or at www.rmsswimminginsurance.com or www.usasmarketplace.com. Property and Crime Insurance may also be necessary to protect club owned property or money and securities managed by the club. Some facilities may require Non-Owned and Hired Auto Liability Insurance. If so, email Lori Sabato at Risk Management Services for an application.

If you have any questions contact Lori Sabato (lori.sabato@theriskpeople.com) or Sandi Blumit at Risk Management Services (sblumit@theriskpeople.com) or at 1-800-777-4930.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER
Risk Management Services, Inc.
P.O. BOX 32712
Phoenix AZ 85064-2712

Contact Name: Carolyn J Blumit
Phone: (602) 840-3234
Fax: (602) 274-9138
Email: info@theriskpeople.com

INSURED
USA Swimming Inc. etal Including Local Swimming Committees and Member Clubs
One Olympic Plaza
Colorado Springs CO 80909

INSURER A: National Casualty
NAIC # 11591

COVERAGES
CERTIFICATE NUMBER: Cert ID 24505
REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR | TYPE OF INSURANCE | ADDL SUBRO | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY Exp (MM/DD/YYYY) | LIMITS
--- | --- | --- | --- | --- | --- | ---
A | COMMERCIAL GENERAL LIABILITY | OCCUR | XZ00000008594600 | 01/01/2021 01/01/2022 | EACH OCCURRENCE $ 1,000,000 |
X | Participant Legal | | | | |
X | Liability Included | | | | |
GENT. AGGREGATE LIMIT APPLIES PER POLICY | | | | |
PROJECT | | | | |
| | OCCUR | | | | |
B | UMRELLA LIABILITY | OCCUR | XZ00000008594900 | 01/01/2021 01/01/2022 | EACH OCCURRENCE $ 5,000,000 |
X | EXCESS LIABILITY | CLAIMS MADE | | | |
DEFERRED|

WORKERS’ COMPENSATION AND EMPLOYERS’ LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? Y/N N/A
Mandatory in NH

If yes, describe under DESCRIPTION OF OPERATIONS below

PER D.L. EACH ACCIDENT $ |
D. L. DISEASE - E.A. EMPLOYEE $ |
D. L. DISEASE - POLICY LIMIT $ |

MEDICAL/DENTAL ACCIDENT
BAX00000031521100 | 01/01/2021 01/01/2022 | Maximum Limit $ 25,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Verification of General Liability, Excess Liability & Abuse/Molestation coverage for COVERED ACTIVITIES. General Liability Aggregate is $10,000,000 Per Location. Abuse/Molestation Aggregate on the General Liability Policy is $2,000,000. Abuse/Molestation is excluded on the Excess Liability Policy. 30 Day Notice of Cancellation Per Policy Provisions.

CERTIFICATE HOLDER
To Whom It May Concern

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**ADDITIONAL REMARKS SCHEDULE**

**AGENCY**
K&K Insurance Group, Inc.

**NAMED INSURED**
USA SWIMMING, INC. DBA USA Swimming Etal

**POLICY NUMBER**
KKG-80894-00

**CARRIER**
SEE ACORD 25

**EFFECTIVE DATE:** SEE ACORD 25

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**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 2 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

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"COVERED ACTIVITIES"

With respect to USA Swimming member clubs, group members, member coaches, volunteers and additional insured owners/lessors of premises, sponsors and co-promoters, "Covered Activities" are defined as:

1) Swimming meets that have been issued a written sanction or approval. Approval means a permit issued by one of the USA Swimming, Inc. Local Swimming Committees for swimming meets conducted in conformance with USA Swimming, Inc. technical rules in which members and non-members may compete. USA Swimming, Inc. member clubs that either host or participate in a swimming meet that has been issued an approval will be considered an insured provided that all of its athletes or participants and coaches are members of USA Swimming, Inc.

2) Swimming practices, dry land training activities, camps and learn to swim programs where all swimmers or participants are members of USA Swimming, Inc. or United States Masters Swimming and are conducted under direct and active supervision of a member coach. Dry land training activities means weight training, running, calisthenics, exercise machine training, and any other activity for which an insured has received approval from USA Swimming, Inc. or its authorized representative.

3) USA Swimming, Inc. Swim-A-Thons, Fund raising activity which clubs can purchase for lap-a-thons

4) Approved social events and approved fund raising activities that are social events and activities for which an insured has received approval from USA Swimming, Inc. or its authorized representative.

5) Swimming tryouts. Swimming Tryouts means swimming practices where a swimmer(s) who is not and who has never been a member of USA Swimming, Inc. participates with a USA Swimming, Inc. club for a period not to exceed thirty consecutive days in a twelve month period to determine the swimmer's interest in becoming a member of USA Swimming, Inc.

6) Office premises liability for Member Clubs and LSCs

7) STSC, CPR, and Lifeguard Certifications of USA Swimming member coaches done by USA Swimming member coaches that are member representatives of one of the approved agencies listed on the USA Swimming STSC In-Water Skills Checklist.

8) "Organized practices" that have been reported and a premium has been paid for. Organized practices are defined as recreation league meets hosted by USA Swim Teams with community teams that are not USA Swimming member teams.
USA Swimming
2021 Insurance Summary

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USA Swimming
1 Olympic Plaza
Colorado Springs, CO 80909-5770
Phone: 719/866-4578
FAX: 719/866-4050

The following is a narrative summary of coverage provided by the various policies and is not intended to change, modify or negate any policy terms, provisions, conditions and/or exclusions.
Membership Protection

USA Swimming's policy for membership protection is:

- To provide safety education for its membership;
- To provide excess accident medical protection for USA Swimming members and volunteers who may suffer injuries while participating in insured activities;
- To provide evidence of financial responsibility so that USA Swimming clubs can conduct insured activities.

To implement this policy, USA Swimming has adopted two major programs:

- Excess Accident Medical & Dental Protection
- General Liability & Excess Liability Insurance

These programs are intended to provide reasonable protection for USA Swimming athletes, non-athlete members, volunteers and clubs.

EXCESS ACCIDENT MEDICAL INSURANCE DESCRIPTION OF COVERAGE

**Carrier:** Nationwide Life Insurance Company  
**Policy Number:** BAX0000031521100  
**Policy Term of Coverage:** January 1, 2021 to January 1, 2022  
**Insureds:** Members of USA Swimming

**When Coverage Starts:** Coverage is a benefit of membership in USA Swimming and begins upon receipt of the completed membership application form with appropriate fee and acceptance by the LSC Registration/Membership Chair or its designee. Volunteers are provided coverage when they are working on behalf of and with the approval of USA Swimming or its representatives.

**When Coverage Is In Effect:** USA Swimming members are covered while participating in a USA Swimming supervised, sponsored, sanctioned or approved event including:

- Competitions and meets;
- Organized practice sessions;
- Approved social and fund raising activities;
- Travel to and from competitions, meets, events, organized practice sessions, approved social and fundraising activities at the direction of a coach or club board of directors;
- Observed Swim Meet events for USA Swimming Officials only

**Coverage Outline:** When covered Injuries result in treatment by a Legally Qualified Physician beginning within 90 days of the accident, the Medical Expense Incurred in excess of the Medical Deductible, if any, will be paid. Benefits will not exceed a maximum of $25,000.00. Benefits must be Medically Necessary and shall not exceed the Usual and Customary charges in the geographic area where treatment is performed. Only covered Medical Expenses incurred by the Insured within 52 weeks from the date of the accident are covered.

**Benefits:**
- $25,000.00 maximum per occurrence for Accident Medical Expenses. Eligible Medical Expenses are: (a) Treatment by a Legally Qualified Physician; (b) Care or services from a Hospital or Ambulatory Surgical Center; (c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; (d) Professional ambulance service; (e) Orthopedic appliances; (f) Injuries to sound and natural teeth (g)Non pre-existing heart or circulatory malfunction.
- $1,000.00 maximum per occurrence for Chiropractic or Physical Therapy treatment/expenses

**Deductible/Excess:**  
This program is excess of any other insurance in place through the member’s or volunteer’s employment, school or family. Benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers’ compensation. The deductible amount is the total of all other collectible benefits from primary insurance sources applicable to the Injury or $100.00 of medical expenses when there is no primary insurance available.
Exclusions and Limitations:
No coverage is provided for: (a) suicide while sane or intentionally self-inflicted injury while sane; (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while in the armed service; (d) Injuries received while acting as a pilot or crew member; (e) Injuries resulting from air travel, except while as a passenger for transportation only; (f) Injuries resulting from the Insured’s engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (h) Injuries received while Intoxicated; (i) Injuries sustained while traveling, except as specifically provided; (j) the cost of eyeglasses, contact lenses or examinations for either; (k) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (l) Injuries covered by workers’ compensation or employer’s liability laws; or (m) any health related expenses; and (n) Elite Athletes.

How to File a Claim:
Claim forms are sent to the injured party, or the party’s parents if a minor, upon USA Swimming National Headquarters receipt of a completed Report of Occurrence form and verification of the injured party’s USA Swimming membership. All bills must be submitted to any group hospital/medical and/or HMO coverage for which the member is eligible. Copies of any Explanation of Benefits (paid or denied) documents from an individual or group hospital/medical and/or HMO coverage must accompany all itemized bills.

Completed claim forms should be submitted to K&K Insurance Group, Inc. as directed on the claim form. Additional claim forms may be obtained by contacting USA Swimming National Headquarters.

This description of coverage summarizes the provisions of the Nationwide Life Insurance Company policy issued to USA Swimming. Should there be any discrepancy between the policy and this description, policy provisions will prevail.

LIABILITY INSURANCE PROGRAM

A. General Liability

Insurance Company: National Casualty
Policy Number: KKO00900008594800
Policy Term: January 1, 2021 to January 1, 2022
12:01 a.m. Mountain Standard Time

Who is Insured:

- Named Insureds
  - USA Swimming, Inc. dba USA Swimming
  - USA Swimming Local Swimming Committees
  - USA Swimming Foundation

- Other Insureds - Clubs or Group Members but only as respects liability arising from “Covered Activities”:
  USA Swimming, Inc. member clubs, in which all athletes or participants and coaches are members of USA Swimming, Inc., group members, volunteers and “member coaches” solely as respects to “bodily injury” and “property damage” arising from “covered activities” for which a group member has received approval from USA Swimming, Inc. or its authorized representative.

Coverage & Limits:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodily Injury and Property Damage Combined</td>
<td>$1,000,000 Each Occurrence</td>
</tr>
<tr>
<td>General Aggregate</td>
<td>$10,000,000 Per Location</td>
</tr>
<tr>
<td>Personal Injury and Advertising Injury</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Damage to Rented Premises</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Products-Completed Operations</td>
<td>$2,000,000 Annual Aggregate</td>
</tr>
<tr>
<td>Medical Payments (third party)</td>
<td>$5,000 Any One Person</td>
</tr>
<tr>
<td>Sexual Abuse/Molestation</td>
<td>$1,000,000 Each Occurrence</td>
</tr>
<tr>
<td>Sexual Abuse/Molestation</td>
<td>$2,000,000 Annual Aggregate</td>
</tr>
<tr>
<td>Employee Benefits Liability</td>
<td>$1,000,000 Each Claim ($1,000 Deductible)</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>$2,000,000 Annual Aggregate</td>
</tr>
</tbody>
</table>
B. Excess Liability

Insurance Company: National Casualty
Policy Number: XK00000008594900
Policy Term: January 1, 2021 to January 1, 2022
12:01 a.m. Mountain Standard Time

Coverage & Limits:

<table>
<thead>
<tr>
<th>Coverages</th>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>General Aggregate</td>
<td>$5,000,000</td>
</tr>
</tbody>
</table>

Who Is An Insured: Named Insureds and Other Insureds (See General Liability for definitions)

Exclusions-OTHER INSURED ONLY: (The following list is not inclusive)

This insurance does not apply to bodily injury and/or property damage, claims or suits arising out of or related to:

- The use of a diving board or diving platform regardless of when it occurs, how it occurs and/or whether it is related to Insured Activities. This exclusion does not apply to starting platforms as described by the technical rules of United States Swimming, Inc. in effect on the date of the occurrence.

- Racing starts in a water depth less than the minimum required in the USA Swimming Inc. (dba USA Swimming) Technical Rules or by any municipal, local, or state ordinance, regulation, code, or statute in effect on the date of the occurrence.

- Any occurrence arising out of or related to any sporting activity other than swimming. This exclusion does not apply to dryland training activities and intra club water polo.

- The ownership, entrustment, maintenance, operation, use, loading or unloading of any automobile or aircraft owned or operated by or rented or loaned to any insured, or any other automobile or aircraft operated by any person in the course of his employment by any insured.

- Any obligation for which the insured or any carrier as his insurer may be held liable under any workers' compensation, unemployment compensation or disability benefits law, or under any similar law.

- Employment-related practices including but not limited to wrongful termination, discrimination or sexual harassment.

- Any intentional acts.

- Pollution with Hostile Fire & Water Treatment Chemicals exception.

- Player vs. Player


- Excess Liability coverage for Sexual Abuse/Molestation unless required by contract.

This description of coverage summarizes the provisions of the National Casualty policy issued to USA Swimming. Should there be any discrepancy between the policy and this description, policy provisions will prevail.
Insured Activities-OTHER INSURED ONLY: (Inclusive)

The insurance afforded by this policy applies to any Other Insured for Insured activities. Insured activities are defined as:

- Swimming meets that have been issued a written meet sanction or a meet approval. Approval means a permit issued by one of the USA Swimming, Inc. Local Swimming Committees for swimming meets conducted in conformance with USA Swimming, Inc. technical rules in which members and non-members may compete. USA Swimming, Inc. member clubs that either host or participate in a swimming meet that has been issued an approval will be considered an insured provided that all of its athletes or participants and coaches are members of USA Swimming, Inc.

- Swimming practices, dryland training activities, camps and learn-to-swim programs where all swimmers or participants are registered as athlete members of USA Swimming or United States Masters Swimming and which are conducted under the direct and active supervision of a USA Swimming member coach. Dryland training activities means weight training, running, calisthenics, exercise, machine training, and any other activity for which an Insured has received approval from USA Swimming, Inc. or its authorized representative.

- United States Swimming, Inc. Swim-A-Thons®, fund raising activity which clubs can purchase for lap-a-thons.

- Approved social events and approved fund raising activities that are social events and activities for which an insured has received approval from USA Swimming, Inc. or its authorized representative.

- Swimming Tryouts. Swimming tryouts means swimming practices where a swimmer(s) who is not and who has never been a member of USA Swimming, Inc. participates with a USA Swimming, Inc. club for a period not to exceed thirty (30) consecutive days in a twelve (12) month period to determine the swimmer's interest in becoming a member of USA Swimming, Inc.

- Office Premises liability for LSCs and Member Clubs.

- STSC, CPR, and Lifeguard Certifications of USA Swimming member coaches done by a USA Swimming member coaches that are member representatives of one of the approved agencies listed on the USA Swimming STSC In-Water Skills Checklist.

- Professional Liability for member coaches and member officials.

**Member coach** is defined as a coach member of USA Swimming who has completed Safety Training for Swim Coaches and CPR as well as successfully completed a Background Check, and if applicable, Coaches Education as required by USA Swimming.

**Certificates (requesting):**

- **Liability Certificates.** Verification of Coverage Certificates for clubs are automatically sent to each registered USA Swimming member club with the yearly club insurance packet. Additional certificates are available upon request from USA Swimming National Headquarters.

- **Additional Insured Endorsements and Certificates.** Additional Insured Certificates and Endorsements are available on the Internet, by going to the following website: www.certificatesnow.com. Instructions for issuing the certificates are attached (see page 9). The Additional Insured Endorsement Certificates are not automatically renewed each year. If you don't want to issue your own certificate through CertificatesNow, you may request Certificates be issued by Risk Management Services, Inc. at a cost of $25.00 per certificate. EXCEPTION: If there are special requirements requested by the Additional Insured, please contact Risk Management Services, Inc. at 800-777-4930 x19 for assistance at no additional charge.

C. Reporting Requirements: (All liability policies)

All claims or incidents must be reported immediately to the USA Swimming National Headquarters and Risk Management Services, Inc. To report an incident please use the USA Swimming Online Report of
Occurrence Form by going to this link on the website to complete the form: https://www.usaswimming.org/coaches-leaders/team-leaders/managing-your-team. You will receive a confirmation email along with the submitted data which you can save or forward as directed by your LSC.

It is imperative that no person admits liability or responsibility or discusses any aspect of an incident with anyone other than an authorized insurance company claims representative of USA Swimming, law enforcement authorities or emergency medical personnel.

D. Liability Provisions in Club Contracts:

Almost every USA Swimming Member Club is a party to a contract with an owner of a swimming pool, public or private. Almost all USA Swimming Members, including LSCs and the national organization itself, will, at one time or another, enter into contracts for the use of a swimming venue for a meet or other authorized aquatic activity.

Such contracts will include standard language as to time of use, compensation, maintenance and the like.

Such contracts will also contain language with regard to the tort liability of both parties during the use of the facility. The owner will usually include indemnification and hold-harmless clauses for itself on liability for bodily injury and property damage resulting from the negligence of the USA Swimming Member, its officers, agents and employees.

It will be impossible to avoid such releases or waivers couched in general language. The owners, or their attorneys, may insist on this.

However, it is extremely important that the USA Swimming Member Club, LSC, etc., does not sign a contract containing language which indemnifies or exculpates (clears from alleged fault or guilt) the owner from liability for damages resulting from the sole negligence of the owner, or its agents and employees. Such language may or may not be valid in your particular state. If it is, it is usually subject to strict interpretation.

If you are in doubt on this, consult an attorney in your own state and at the same time refer him/her to the General Counsel for USA Swimming.

If you see the following language, or anything similar to it, consult legal counsel at once before signing the agreement:

*Club (LSC) agrees to indemnify Owner against all liability loss, or other damage claims or obligations because of or arising out of personal injury or property damage, related to Club's (LSC) use and occupancy of the premises, including that caused by the negligence of the Owner or its agents or employees.*
LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in the activity on (date) which begins at (time) and ends at (time) sponsored by (sponsor) all of which are hereinafter referred to as the "activity".

I consent to my/minor’s participation in the activity and acknowledge that the minor and I fully understand my/minor’s participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

Release - Minor’s Rights:
In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless USA Swimming, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in this USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor) (Signature of minor) (Date)

Release - Parents’/Guardians’ Rights:
In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s participation in this USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian) (Signature of parent) (Date)

Indemnification by Parent/Guardian:
The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in this USA Swimming event.

(Print name of Parent/Guardian) (Signature of parent) (Date)

Send completed Liability Medical Release form to:
Risk Management Services, Inc.
P.O. Box 32712
Phoenix, AZ 85064-2712
or Fax to: (602) 274-9136
Optional Insurance

The following optional insurance coverages may be obtained on an individual basis by USA Swimming clubs. For further information, contact:

Risk Management Services, Inc.  Phone: (800) 777-4930 toll free
P.O. Box 32712  or (602) 840-3234
Phoenix, AZ 85064-2712  Fax: (602) 274-9138
Website: www.rmsswimmingins.com
Or the USA Swimming website at www.usaswimming.org. Member Resources Tab; Insurance & Risk Management link, New Online Option.

Hired Auto Insurance For Clubs. USA Swimming has set up a program with National/Enterprise Car Rental Companies which allows a member club to rent vehicles at a reduced rate, and including insurance, from either of the rental companies. Please go to the Swimming website, Member Resources tab and Rental Van/Vehicle Discounts and Insurance Coverages. Risk Management Services now has availability for a club/team to purchase this coverage on an individual basis. Please contact the Risk Management Services office for more information.

Directors and Officers & Employment Practices Liability Insurance for USA Swimming Member Clubs

Definition. Provides coverage for defense costs and liabilities incurred by insured directors and officers arising out of claims alleging that an insured has committed "wrongful acts," which means any error, misstatement, misleading statement, act, or omission, neglect or breach of duty by policy definition. This coverage specifically excludes bodily injury or property damage claims which would likely be covered by the general liability policy. Also provides coverage for wrongful termination(s), harassment and other employment related situations.

Limit of Liability. $1,000,000
Deductible. $1,000 for the organization for Directors & Officers Liability.
$2,500 for the organization for Employment Practices Liability.
Premium. Minimum $468
Requirements. Submission of a signed application; prepaid premium.

Crime Coverage for USA Swimming Member Clubs
Provides coverage for dishonest acts of employees or volunteers

Limit of coverage. $25,000
Deductible. $250
Cost. $190 or $280 depending on number of employees

Special Activities/Events
Provides liability insurance for some activities not insured under the USA Swimming program (e.g., learn to swim programs for non-members).

We strongly recommend the Member Clubs consider purchasing Workers Compensation, Property Insurance for equipment and a Business Owners Package Policy if the club has an office premises. Contact Risk Management Services, Inc., or see the Optional Coverages now offered by USA Swimming or contact a local agent to purchase these coverages.
A club’s facility or pool might ask you to add them as “Additional Insured” to your policy. You are responsible for processing these requests yourself directly over the Internet 24 hours a day, 7 days a week. Please call 1-800-777-4930 x19 with any questions or for assistance. The charge does not apply to certificates you need which require special wording.

Note: If your club is new and you are not in the CertificatesNow system, or you have updated the club’s information recently, contact Lori Sabato at 1-800-777-4930 x19, email lori.sabato@theriskpeople.com, for assistance in processing your certificate.

To get started:


2. Enter YOUR CLUB’S User ID & Password in CAPITAL LETTERS: (this will be your “2” digit LSC code and “2”, “3” or “4” digit Club code that can be found in your USA Swimming membership renewal pack separated by a hyphen/dash). Ex: see below...

   USER ID: Example: CO-XX or VA-XXXX (all caps and the “dash”)
   PASSWORD: SWIM (DO NOT CHANGE THIS PASSWORD)

3. Click on “ Deliver Certificates” in the middle of your screen.

4. Select the “2021 USA Swimming Member Club Certificate” and hit Continue.

   Do not add your own swim club name or any individual person as recipient.
   The certificate must state the facility or facility owner that requested this Certificate. Always enter the facility or facility owner’s address, no matter which delivery method you choose.

5. Now you can either:

   a) Select a Recipient (Certificate Holder) and hit “Continue”. Add New Recipient if none showing.

   b) Change a Recipient (Certificate Holder) by clicking on the blue name. The field will open and you can edit the information. Make sure to save the information, select the Holder and hit “Continue”

   d) Add a new Recipient (Certificate Holder). Click on “New Recipient”, a window opens. Enter Name, Address, City, State, ZIP, Country of the location that asked you for this Certificate.

   Next choose a delivery method. You have the option to e-mail, fax, US-Mail, or save only. Depending on the method you choose you need to enter the information in the appropriate field. e.g., if you choose e-mail you will need to enter the e-mail address.

   Click “Save”, Select the Recipient and hit “Continue”

6. Review Information and hit continue.

7. Review Delivery Method and hit continue.

8. This is the last screen. For a copy of the Certificates for your files, Check ☒ to send yourself an e-mail of this certificate. A copy will be sent to the main e-mail address that is registered with USA Swimming.

9. Hit “Deliver Now” and You’re done...

You will be directed back to the beginning; this means that your certificate has been sent. The system may take up to 48 hours to deliver the certificate so plan ahead to allow for this delivery time.