

**BC Athletics Alternative Liability Insurance
Waiver and Indemnification for BC Athletics Sanctioned Events**

(Insert Event Organizer or Owner's Name) _____
has chosen to waive the General Liability Insurance provided by BC Athletics (BCA) in conjunction with the _____ (the "Event"), a BCA sanctioned event which will take place on _____ (date(s)). We agree to carry General Liability Insurance coverage which names BCA and its officers and directors, members, agents, employees, and volunteers (collectively referred to as "BCA Personnel") as additional insureds and provide a Certificate of Insurance evidencing such coverage. Please refer to the Alternative Liability Insurance Checklist for required coverage for BC Athletics sanctioned events.

_____ (organizer) shall indemnify, hold harmless, assume liability for, and defend BCA, and its Personnel from any and all damages, awards, costs and expenses including, but not limited to, legal fees, court costs, and all other sums which BCA and its Personnel may pay or become obligated to pay on account of any and every demand, claim or assertion of liability, or any claim or action founded thereon, connected to or arising or alleged to have arisen out of the Event as sanctioned by BCA, on _____ (date(s)) or by any action or omission by (insert organizer, event owner's name)

its members, agents, employees, volunteers, directors or officers in relation to the sanctioned event.

To be signed by two (2) Directors/Officers of the Hosting Organization, Event Owner, Club, Corporation or Partnership. A Sole Proprietorship Event - must be witnessed on the signature line of the right hand column. Alternatively by two (2) Members of the Host Organizing Committee should a Board of Directors/Officers not be part of the event ownership structure.

I further certify that I am authorized to sign this waiver on behalf of: (club, organization, event owner's name)	I further certify that I am authorized to sign this waiver on behalf of: (club, organization, event owner's name)
Signature:	Signature:
Print name:	Print name:
Title:	Title:
Address: _____	Address: _____
City: _____	City: _____
Prov. Postal Code:	Prov. Postal Code:
Ph. Res. () _____	Ph. Res. () _____
Ph. Bus. () _____	Ph. Bus. () _____
Email:	Email:
Date:	Date:

Complete and return to: BC Athletics 120 – 3820 Cessna Dr., Richmond BC V7B 0A2
Phone: 604-333-3550 Fax: 604-333-3551

BC Athletics Office Use:	Date: _____
Liability Insurance Waiver and Indemnity:	
Approved _____ Disapproved _____ Pending _____	
Signature of Authorized BC Athletics Management:	