



Emory Recreation & Wellness Non-Collegiate Participation Policies

Club Sports Mission Statement

The mission of Emory Club Sports is to provide an environment in which student-athletes participate in intercollegiate competitions and achieve athletic success at the highest possible level and develop skills that contribute toward this success. The Club Sport Council is committed to facilitating participation across all SGA divisions and developing leaders in the Emory community.

Requirements for hosting non-collegiate teams and participants

1. "Non-collegiate" is defined as an organization which is not recognized as a two- or four-year university or college.
2. All non-collegiate organizations or participants must be represented by a third party organization, i.e. a governing body.
3. Clubs wishing to host non-collegiate organizations on campus must notify Recreation & Wellness (R&W) staff a minimum of four weeks in advance by submitting the *Tournament & Special Event Request Form*.
4. Clubs hosting non-collegiate organizations or participants will be required to pay the facility's external rental fee (10% of the event's gross revenue).
5. The R&W Department's waiver form (See Appendix A) must be completed by all members of the non-collegiate organization, including participants and coaches, and submitted to R&W staff at least one week in advance of the host date.
 - a. Minors under 18 must have a parent or legal guardian sign the waiver.
6. A certificate of liability insurance (COI) (See Appendix B) naming Emory University as an additional insured must be submitted to R&W staff at least one week in advance of the host date. The COI must include:
 - a. Liability insurance minimum coverage of \$1 million per occurrence and \$3 million aggregate.
7. Special requirements for hosting minors for competition:
 - a. The COI must not include a carve out of the sexual abuse and molestation clause.
8. Special requirements for hosting minors for clinics:
 - a. It will be considered a clinic anytime minors are hosted on campus outside of competition.
 - b. The organization must submit a COI naming Emory University as additional insured.
 - c. The COI must not include a carve out of the sexual abuse and molestation clause.
 - d. All members of the university's club team, including players and coaches, will be required to submit completed background checks (See Appendix C) to R&W staff a minimum of three weeks in advance of the host date.
 - e. All members of the university's club team, including players and coaches, will be required to complete the University's Mandatory Child Abuse Reporting Training and submit the signed form of completion a minimum of one week in advance of the host date.
9. All policies listed above must be adhered to or the event will be cancelled and fees will not be refunded.



I. Appendix A – Waiver

EMORY UNIVERSITY ASSUMPTION OF RISK FOR PARTICIPATION IN RECREATIONAL AND FITNESS ACTIVITIES

Circle One:

Undergraduate Graduate Faculty Staff Alumni Affiliate

Many Emory University ("Emory") recreational and fitness programs and activities (the "Recreational Activities") involve substantial risks of bodily injury, property damage and other dangers associated with participating in such activities.

Each participant in the Recreational Activities at Emory University must be covered by an accident and health insurance policy. It is the responsibility of each participant to participate only in those Recreational Activities for which he/she has the prerequisite skills, qualifications, preparation, and training.

The undersigned hereby acknowledges and agrees that participation in Recreational Activities involves an inherent risk of physical injury and/or damage to property. In consideration for being permitted to access and participate in the Recreational Activities and for the benefits received from participation in the Recreational Activities, the undersigned voluntarily assumes all risks of damages or injury, including death, that may be sustained by him/her or by his/her property while participating in a Recreational Activity or in any travel to or from such activity.

RELEASE, COVENANT NOT TO SUE AND WAIVER

For the sole consideration of Emory allowing the undersigned to participate in the Recreational Activities for which, or in connection with which, Emory has made available any equipment, facilities, grounds, transportation or personnel, the undersigned hereby agrees to release, relieve, defend, covenant not to sue and forever discharge, indemnify and hold harmless, and on behalf of him/herself and the undersigned's heirs, representatives, executors, administrators and assigns does hereby relieve, release, relieve, defend, covenant not to sue and forever discharge, indemnify and hold harmless, Emory and its trustees, officers, agents, coaches, employees, students and volunteers of any and for all claims, demands, rights liabilities, losses, expenses and causes of action of whatever kind or nature (with the exception of gross negligence or willful misconduct), including but not limited to negligence, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from participation in, transportation to or from or in any way connected with the Recreational Activities.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, in the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release

I understand that this Release shall cover any and all Recreational Activities in which I participate. By signing this document, I hereby acknowledge that I have read the above carefully before signing, and agree to comply with all the above this ____ day of _____, 20____.

Name of Participant _____

Mailing Address of Participant _____

Phone No. and Email address of Participant _____

Age of Participant _____

Signature of Participant _____

Parent or Legal Guardian Consent (if participant is not age 18 or older): I, as a parent or guardian of the above minor under 18 years of age, hereby consent, personally, and on behalf of the said minor, to the term and conditions set forth in the Release. I UNDERSTAND THAT THIS RELEASE SHALL BE BINDING UPON ME, MY MINOR CHILD AND MY HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND IS A RELINQUISHMENT NOT ONLY OF MY RIGHTS, BUT ALSO THE RIGHTS OF MY MINOR CHILD/WARD.

Signature of Parent/Guardian _____

Address & Phone No. _____



II. Appendix B – Certificate of Liability Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/4/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 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 George Johnson Insurance Inc Bldg 300,314 South Pine Street Post Office Box 6160 Spartanburg SC 29304-6160		CONTACT NAME: Joanne Boyd, AAI PHONE (A/C No. Ext.): (864) 585-2256 E-MAIL ADDRESS: jboyd@georgejohnsonins.com FAX (A/C No.): (864) 327-1867	
INSURED Upward Unlimited Inc 198 White Star Point Spartanburg SC 29301		INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Co of SC INSURER B: Church Mutual INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 19259	

COVERAGES CERTIFICATE NUMBER: CL1511305225 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			S 2191989	10/26/2015	10/26/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POF AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S 2191989	10/26/2015	10/26/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/borrowed \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			S 2191989	10/26/2015	10/26/2016	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	031128107831360	10/26/2015	10/26/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse or Molestation			S 2191989	10/26/2015	10/26/2016	Aggregate Limit 3,000,000 Each Abuse/Molestation 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Emory University 201 Dowman Dr Atlanta, GA 30322	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE J Boyd, AAI/JOANNE <i>Joanne Boyd</i>
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III. Appendix C – Background Check Form

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with firefighter agency, public/private agency, licensing, adoption/foster parents, individual record, public housing (Purpose code 'E')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.