

ONTARIO CHEERLEADING FEDERATION (“OCF”)

WAIVER AND ACKNOWLEDGEMENT OF INSURANCE

Team Name: _____ (hereinafter “Cheerleading Team”)

Address: _____

Postal Code: _____ Telephone No.: _____

Email Address: _____ Fax No. : _____

Primary Contact: _____ Position: _____

Waiver and Acknowledgement

I, _____, having the legal authority to bind the Cheerleading Team, hereby acknowledge the following:

1. The Cheerleading Team has been informed of the availability of insurance coverage arranged by the Ontario Cheerleading Federation and is DECLINING such insurance coverage.
2. The Cheerleading Team has been warned about the importance of declining such insurance coverage.
3. That a request to decline insurance coverage will only be approved by the OCF if the Cheerleading Team’s current insurance coverage meets the basic coverage features offered by the insurance arranged by the OCF and submits the following information, including, but not limited to:
 - a. Cheerleading Team Insurance not less than \$5,000,000.00.
 - b. Proof of inclusion of the OCF in the insurance coverage.
 - c. Name of Insurance Company: _____
 - d. Address of Insurance Company: _____
 - e. Phone No. of Insurance Company: _____
 - f. Fax No. of Insurance Company: _____
 - g. Policy No.: _____
 - h. A certificate for insurance.
4. The Cheerleading Team will maintain alternative insurance coverage at all times and if terminated, will notify OCF immediately
5. That the statements and documents submitted are accurate and true.
6. The Cheerleading Team is fully informed as to the contents of this Waiver and Acknowledgement and understands the full impact of declining insurance coverage arranged by the OCF.

IN WITNESS WHEREOF the undersigned executed this Waiver and Acknowledgment this _____ day of _____, 20____.

Cheerleading Team

Per:
I have the authority to bind the Cheerleading Team