

NORTH AMERICAN TREE CLIMBING CHAMPIONSHIP
RELEASE, WAIVER, AND INDEMNIFICATION FORM

This North American Tree Climbing Championship Release, Waiver, and Indemnification Form, hereinafter referred to as "Release", is executed on _____, _____, by _____ of _____ [address], _____ [city], _____ [county], _____ [state] _____ [country] ("Releasor").

In consideration of being permitted to participate in the NORTH AMERICAN TREE CLIMBING CHAMPIONSHIP conducted by INTERNATIONAL SOCIETY OF ARBORICULTURE (ISA), or the UTAH chapter, _____, (Releasor's name) his/her legal representatives, heirs and assigns, releases, waives and discharges INTERNATIONAL SOCIETY OF ARBORICULTURE, or the UTAH chapter, its officers and members, promoters, sponsors, advertisers, owners and lessees of the premises, and each of them, its officers and employees ("Releasees"), from all liability to the Releasor, legal representatives, heirs and assigns, for any and all loss or damage, and any claim or damages resulting from the same, on account of injury to Releasor's person or property, even injury resulting in death of the Releasor, whether caused by the negligence of Releasees or otherwise while the Releasor is competing, working, or for any purpose participating in the program.

Releasor agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost incurred due to the presence of Releasor in or upon the premises, whether caused by the negligence of the Releasees or otherwise.

Releasor assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while in or upon the premises and while competing, officiating in, working or for any purpose participating in the program.

Releasor agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Releasor has executed this Release the day and year first above written.

_____, Releasor

Or if under age 18:

_____, Releasor/Guardian

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for said minor child, do consent and agree to the above Release 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 liabilities incident 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.

Parent/Guardian's Signature

EMERGENCY PHONE # _____

DATE SIGNED: _____

Important Information regarding Insurance Coverage for the ITCC

Individuals who compete in or volunteer for the ISA International Tree Climbing Championships are covered by the ISA Climbers Event Policy. This includes coverage for set-up and tear-down of events (for volunteers) as well as during the event when in the climbing zones.

In the event of an accident, the ISA insurance policy provides \$50,000 (USD) in **excess medical benefit coverage**. This is not intended to be used as a primary medical insurance policy for those participating in the competition. Any deductibles or co-pays you may incur from any other policies will not be covered under this policy. Coverage will only apply if the individual filing the claim has signed the required release form.

As the coverage limit of the Climbers Event Policy may not be adequate if a major injury were to be sustained, ISA strongly recommends that you have personal medical or health insurance, or long/short term disability insurance through your employer, or a self-insured policy to cover your medical expenses in the event of an accident. If you have insurance provided by a national health care plan, please be aware it may or may not cover any/all of your medical expenses incurred while traveling outside of your native country.

For emergency purposes, and to help manage a claim if an accident were to occur, please provide ISA with your primary insurance information.

I have employer provided medical or long/short term disability insurance (*Not workman's comp, but insurance coverage through your employer*)

Insurance Provider: _____ Policy #: _____

I have personal medical or long/short term disability insurance coverage (*Self-employed, or insurance not provided by your employer*)

Insurance Provider: _____ Policy #: _____

If a participant is injured and does not have adequate personal insurance, the ISA event insurance would default to be the primary insurance but will be limited to only \$50,000 in coverage.

I do not have adequate personal insurance coverage or am covered by a national health care plan (*I understand that if I have an accident during my covered participation in the ITCC, I am limited to \$50,000 in medical coverage provided by the ISA event insurance.*)

Climber/Volunteer Signature: _____ Date: _____

Printed Name: _____

Return this form to itcc@isa-arbor.com or mail to Po Box 3129, Champaign, IL 61826, or fax (217-355-9516). Contact ISA if you have any questions regarding the ISA Climbers Event Policy. This form must be returned in order to participate in the NATCC.