

LAKE REGION CONFERENCE
CHRISTIAN FELLOWSHIP LEAGUE
INSURANCE VERIFICATION FORM

No athlete will be allowed to participate in the Lake Region Conference Christian Fellowship League, unless this form is completed. Please fill in the appropriate SECTION and sign and date and return this form.

SECTION I. INSURANCE COVERAGE

MY INSURANCE CARRIER IS _____
(INSURANCE COMPANY'S NAME)
FOR THE COVERAGE OF _____
(ATHLETE'S NAME) Teams' Name

I RELEASE AND HOLD HARMLESS THE LAKE REGION CONFERENCE OF SEVENTH-DAY ADVENTISTS, ITS EMPLOYEES AND ASSIGNS, AND THE LAKE REGION CONFERENCE CHRISTIAN FELLOWSHIP LEAGUE, ITS COMMISSIONERS AND VOLUNTEERS, FROM ANY AND ALL CLAIMS ARISING OUT OF THE ABOVE NAMED'S PARTICIPATION AND/OR ATTENDANCE AT OR IN LAKE REGION CONFERENCE ACTIVITIES, INCLUDING PRACTICE SESSIONS AND ACTUAL COMPETITION.

(ATHLETE'S SIGNATURE)
DATE _____

(PARENT'S SIGNATURE IF ATHLETE IS A MINOR)
DATE _____

SECTION II. INSURANCE WAIVER

(ATHLETE'S NAME)
I HAVE CHOSEN NOT TO REVEAL MY PERSONAL AND PRIMARY INSURANCE COVERAGE, THEREFORE I RELEASE AND HOLD HARMLESS THE LAKE REGION CONFERENCE OF SEVENTH-DAY ADVENTISTS, ITS EMPLOYEES AND ASSIGNS, AND THE LAKE REGION CONFERENCE CHRISTIAN FELLOWSHIP LEAGUE, ITS COMMISSIONERS AND VOLUNTEERS, FROM ANY AND ALL CLAIMS ARISING OUT OF THE ABOVE NAMED'S PARTICIPATION AND/OR ATTENDANCE AT OR IN LAKE REGION CONFERENCE ACTIVITIES, INCLUDING PRACTICE SESSIONS AND ACTUAL COMPETITION.

(ATHLETE'S SIGNATURE)

DATE _____

(PARENT'S SIGNATURE IF ATHLETE IS A MINOR)

DATE _____