



**United States Canoe Association**  
Est 1968  
**Competition ★ Cruising ★ Conservation ★ Camping ★ Camaraderie ★**

Jacka-Liquori Agency, Inc  
121 Pulaski Road  
Kings Park, NY 11754  
(631) 269-9696

August 4, 2011

Greenway Network Inc.  
Charlene Waggoner  
4601 Mid Rivers Mall Dr. 202e  
St. Peters, MO 63376

Re: Race for the Rivers – 8/27-28/2011

As a member of the United States Canoe Association, your application for the above event has been processed. Your check #2568 in the amount of \$312.25 has been received. Your certificate of insurance is attached along with the certificate and endorsement for the City of Milford. An event waiver of liability is included. Please have every participant sign the waiver before the event and **mail or scan and email these to our office within 14 days after the event.**

**Greenway Network Inc;** your officers, directors, employees, participants, volunteers, sponsoring agencies, sponsors, advertisers, municipalities, and if applicable, owners and lessor's of premises used to conduct the event with respect to any and all injury, disability, death, or loss or damage to person or property, have liability insurance coverage under the United States Canoe Associations General Commercial Liability Insurance Policy #6L-KRO-00000001530500, Hired/non-hired automobile liability policy#6L-KRO-00000001530500; Participant Accident policy #6A-SPX-000000375880 & Excess Liability policy #6L-XKO-00000001530600.

If you have any questions, please call, write, or email me at any time.

Sincerely,

Maria E Liquori  
USCA Insurance Administrator  
MariaL@jacka-liquori.com



**AMATEUR ATHLETIC  
 WAIVER AND RELEASE OF LIABILITY  
 READ BEFORE SIGNING**

**Event Name: Race for the Rivers**

**Date: 8/27-28/2011**

In consideration of being allowed to participate in any way in the **UNITED STATES CANOE ASSOCIATION** athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

**I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or other and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the **UNITED STATES CANOE ASSOCIATION, INC., & Greenway Network Inc;** your directors , officers, employees, volunteers, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event or club activities (“RELEASEES”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_ Date: \_\_\_\_\_  
 (Participant Name – **Please Print**) (Participant’s Signature)

\_\_\_\_\_  
 Participant Address

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, 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.

X \_\_\_\_\_  
 (Parent/Guardian Signature) (Emergency phone number) Date

Print Name: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/04/2011

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 Jacka-Liquori Agency Inc. 121 Pulaski Road Kings Park NY 11754	CONTACT NAME: Larry Liquori		
	PHONE (A/C, No, Ext): (631) 269-9696 FAX (A/C, No): (631) 269-9656		
	E-MAIL ADDRESS: lliquori@jacka-liquori.com		
	PRODUCER CUSTOMER ID #: 100451		
INSURED United States Canoe Assn, Inc. C/- Sonja Gilman 17490 Kirkland Drive Bristol IN 46507-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Nationwide Life Insurance Co	66869
	INSURER B:	National Casualty Company	11991
	INSURER C:		
	INSURER D:		
	INSURER E:		


**COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant VS Parti <input checked="" type="checkbox"/> Participant Legl.Lia GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		6L-KRO0000001530500	02/11/2011	02/11/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Part. Lgl Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6L-XKO-0000001530600	02/11/2011	02/11/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$			6L-XKO-0000001530600	02/11/2011	02/11/2012	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
	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 <input type="checkbox"/> N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Participant/Excess Medical/Accident			6A-SPX0000003967900	02/11/2011	02/11/2012	Per Person 5,000 Per Claim 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
EVENT NAME: RACE FOR THE RIVERS  
DATE: 8/27-28/2011  
LOCATION: MISSOURI RIVER, MO  
EVENT SPONSOR: GREENWAY NETWORK, INC.

**CERTIFICATE HOLDER CANCELLATION AI CITIOG**

PROOF OF INSURANCE	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 

Fax: ( ) -

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/16/2011

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	PRODUCER CUSTOMER ID #: 100451	
INSURED United States Canoe Assn, Inc. C/- Sonja Gilman 17490 Kirkland Drive Bristol IN 46507-	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nationwide Life Insurance Co	NAIC # 66869
	INSURER B: National Casualty Company	11991
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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DATE: 8/27-28/2011 ; LOCATION: MISSOURI RIVER, MO  
EVENT SPONSOR: GREENWAY NETWORK

## CERTIFICATE HOLDER

## CANCELLATION

AI CITJDG

WASHINGTON, MO  
CITY HALL 405 JEFFERSON ST.  
WASHINGTON MO 63090-

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

Fax: ( ) -

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EVENT NAME: RACE FOR THE RIVERS  
DATE: 8/27-28/2011; LOCATION: MISSOURI RIVER, MO  
EVENT SPONSOR: GREENWAY NETWORK

## CERTIFICATE HOLDER

## CANCELLATION

AI CITJDI

ST. CHARLES CITY  
200 N. SECOND ST.  
ST. CHARLES

MO 63301-

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

Fax: ( ) -

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