



COLLEGIATE CLUB MEMBERSHIP INFORMATION

The following policies apply to USA Badminton collegiate clubs:

- Collegiate clubs are based at universities or colleges, but do not limit membership to only students.
- Full-time students under 22 years of age are entitled to play in all sanctioned tournaments **except National Championship and Ranking Tournaments** for no additional fees. USA Badminton will send your club ten (10) member stickers to be placed on student ID cards for tournament eligibility verification. Please let us know if you need more than ten member stickers. *Please note: This benefit is only for full-time students under age 22.*
- Collegiate clubs are eligible to apply for liability insurance for scheduled practice/training under the USA Badminton policy and financial requirements of \$200.00 per year for certificate of insurance for club play (Tournament Sanction fee is not included in this amount). **Insurance policies run for 12 months, beginning on March 1 of each year.**
- Collegiate clubs may sanction tournaments and have the event publicized in USA Badminton newsletter and on the USA Badminton website.
- Information about the collegiate club and annual tournaments will be included on the USA Badminton website under “Where to Play” section and on the IBA web site under “IBA Teams.”
- Members of collegiate clubs are not automatically individual members of USA Badminton, although we invite all club members to join USA Badminton.
- Collegiate club memberships are for 12 months and begin on **September 1** of each year. The cost of a collegiate club membership is \$50.00.
- Waiver and release of liability is on page five of this document. Please have **each** of your club members sign and date this form, and send **originals** with your application and payment (please make copies for your records). “Membership number” may be left blank for club applications.
- The waiver and release of liability is also to be used if your school hosts a sanctioned tournament. In this instance, “membership number” must be completed, with either the individual’s membership number or club membership number.



ONE OLYMPIC PLAZA
COLORADO SPRINGS, COLORADO 80909
(719) 866-4808, FAX (719) 866-4507
WWW.USABADMINTON.ORG

**USAB
COLLEGIATE CLUB
MEMBERSHIP APPLICATION**

\$50.00 (September 1, 2011 to August 31, 2012)

Name of College or University: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone # _____ Evening Phone # _____

Email Address: _____ Club Website: _____

Location of Club Activities: _____

Address: _____

City: _____ State: _____ Zip: _____

Days and Times of Play: _____

Circle one: Private Club Public Club Club Membership Dues? _____

Annual Tournaments: _____

Number of stickers needed (10 will be sent unless otherwise indicated): _____

Please note: This benefit is only for full-time students under age 22.



ONE OLYMPIC PLAZA
COLORADO SPRINGS, COLORADO 80909
(719) 866-4808, FAX (719) 866-4507
WWW.USABADMINTON.ORG

USA BADMINTON REQUEST FOR CERTIFICATE OF CLUB INSURANCE

Club liability insurance provided at \$1,000,000 per occurrence

**Insurance Coverage: \$200.00
March 1, 2012 to February 28, 2013**

*If you wish to receive insurance coverage from September 1, 2011 through February 29, 2012,
please contact Peggy Savosik at 719-866-4808*

(Please Type or Print)

1. Club Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Daytime Phone #: _____ Fax #: _____

2. Send Certificate To: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Insured? Yes No If Yes,

Venue _____ Address _____

Venue _____ Address _____

Venue _____ Address _____

Venue _____ Address _____

Venue _____ Address _____

Signature of Person Completing Form: _____ Date: _____

Position Within Club: _____



PAYMENT INFORMATION

Please send completed forms and payment to:

USA Badminton
One Olympic Plaza
Colorado Springs, CO 80909

(719)866-4808
FAX (719)866-4507

For Credit Card payment please complete the following information

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Original waivers and applications
must be returned to USA Badminton
in order to process
insurance requests and insure coverage



WAIVER AND RELEASE OF LIABILITY

Note: This form must be read and signed before the participant is permitted to take part in event sessions. By signing this agreement, the participant affirms having read it.

In consideration of my involvement at the _____ under the auspices of USA Badminton and _____, I acknowledge, appreciate, and agree that:

1. I risk bodily injury, including paralysis, dismemberment, disability, and death, and while particular rules of the sport, equipment, and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to or loss of property.
2. I knowingly and freely assume all such risk; both known and unknown, even if arising from the negligence of the releases of others;
3. I willingly agree to comply with the state and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and refrain from participation; and
- 3a. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and promise not to sue USA Badminton, the committee, their sponsors, their officers, volunteers, staff, sponsors and/or agents, ("releasees") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the releasees, the condition of the premises or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law.
4. I agree to be bound by the rules and regulations of the International Badminton Federation and those of USA Badminton and I hereby stipulate that I am eligible to play in the events for which I am applying and that I understand that the above mentioned make no representation or warranty with respect to the condition of the premises or the operation of the event.
5. I hereby grant to USA Badminton, it's licensees and contractees including photographers, television and motion picture rights including to film or videotape me during matches, narratives, personal interviews, or comment thereon for any and all commercial, news or other purposes together with the right to transfer or grant their rights to others, all without remuneration or compensation to me whatsoever.

I have read this Release of Liability and Waiver Agreement, fully and understand the terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. And I further acknowledge by their presence that I am aware that DRUG TESTING may occur at this event.

Participant's Signature

Membership Number

Participants Name (Printed)

Date of Signature

For Participants of Minority Age

This is to certify that I/We as parent(s)/ guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself, ourselves and my/our child involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent(s)'s/ Guardian(s)'s Signature(s)

Date of Signature

Participants Name (Printed)

Membership Number