ASHRAE Special Events

A completed application and copy of the waiver to be used are required for all events to be quoted. Most acceptable events can be done for $300-$400 and our $100 placement fee.

* The rating basis for the Acceptable Classes is number of Attendees (Spectators, Participants etc.)
* Security, Event – specific Safety Measures are also factors ( Is the host of the event providing their own security or using Contracted Security Firm)
* Who is in charge of the event ( an expert in the area or someone from the chapter)
* What safety measures are being taken into account

The following are the non acceptable events which require us to place the coverage with an Excess Surplus lines carrier and will develop a higher premium:

1. Anything involving boats, jet skis, canoes etc.
2. Fishing contests on boats
3. Events involving aircraft
4. Parades
5. Motorcycle runs and automobile rallies
6. Events involving fireworks
7. Firearms, including clay shooting contest
8. Animals
9. Carnivals and fairs with mechanical rides
10. Rock, Hip-Hop or Rap concerts
11. Events including contact sports
12. Rodeos
13. Political Rallies
14. Any event lasting more than 3 days
15. Any event with greater than 500 people at any one time
16. Any event with liquor provided or served by the insured
17. Other events. Please submit for approval

ASSUMPTION OF RISK, RELEASE OF LIABILITY & WAIVER OF CLAIMS

# ASHRAE INC

BY SIGNING THIS DOCUMENT, YOU ASSUME CERTAIN RISKS, AND WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE ASHRAE INC., PROPERTY OWNERS, OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, REPRESENTATIVES, SUCCESSORS AND ASSIGNS. PLEASE READ THE FOLLOWING CAREFULLY.

In consideration of being allowed to participate in any way in ASHRAE’S (Name of event) the undersigned acknowledges, appreciates and agrees that:

ASSUMPTION OF RISK: I understand and accept that participating in the tour of the facility’s roof has inherent risks, which can result in **serious injury or death.**

I KNOWINGLEY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARRIVING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation, and I willingly agree to comply with the stated and customary terms and conditions for participation. If I have any concern in my readiness for participation and/or in the event itself, I will remove myself from participation and bring such to the attention of ASHRAE staff immediately.

RELEASE AND WAIVER OF CLAIMS: In consideration of my participation in the (name of event), I hereby agree as follows:

1. I hereby **waive any and all claims** that I have or may have in the future against ASHRAE, property owners or their predecessors, successors or assigns due to my participation in (name of event).

2. I hereby release **ASHRAE, Inc and the (name of chapter)** from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the tour, due to any cause whatsoever, including negligence or breach of contract on the part of **ASHRAE, Inc and the (name of chapter)** or its predecessors, successors, assigns, agents and property owner.

3. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releases from any and all liabilities incident to my involvement or participation in these programs. EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

BINDING EFFECT OF AGREEMENT: This agreement shall be effective and binding upon my heirs, next of kin, assigns, executors, administrators, and personal representative.

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 OF MY OWN FREE WILL. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ALL INJURIES AND MEDICAL EXPENSES INCURED WHILE PARTICIPATING IN ASHRAE’s (name of event).

Last Name First Name

Address City State Zip Phone

Signature of Participant/Parent

Witness