

# 2022 AFFILIATE CERTIFICATE REQUEST FORM



Please complete this form and return to POWR at [avitkoski@pecpa.org](mailto:avitkoski@pecpa.org) or PO Box 166, Dallas, PA 18612. **All fields of this form must be completed. Missing fields invalidate certificate request form.** POWR will submit this to the ACA, who will issue a certificate of insurance, evidencing coverage, to all Affiliates and their event organizers in good membership standing for their events. The ACA’s insurance may cover third parties associated with an event (ex: sponsors, landowners, etc.) by naming them as “additional insureds.” If a third party requests an “Additional Insured” listing, the Affiliate must fill out the appropriate section of this form and submit it to POWR so that we can present to the ACA for coverage.

**\*\*Certificate Requests made less than (30) days prior to the date needed will incur an additional rush fee of \$25. If a request is received less than 15 days prior to your event, we may not be able to obtain coverage for you.**

SERVICES	FEE
**Sanctioning Fee	\$25
**Rush Fee (if applicable)	\$25
**Request to list Additional Insured	\$20 (per additional insured on certificate of insurance - First two additionally insured are free)
**Sojourn Participants	\$10 (per non ACA member)
**Sojourn Participants	\$0 (per ACA member – must include their membership number on the ACA waiver)

## Part 1. CONTACT INFORMATION

Primary Event Organizer: enter text here

Title: enter text here

ACA Number: enter text here

Address: enter text here

Email: enter text here

Phone: enter text here

Website: enter text here

## Part 2: EVENT DETAILS

Event Name: enter text here

Event Date(s): enter text here

Venue (Waterway, Park, etc.): enter text here

Nearest City & State: enter text here

Waterway Classification (Class I, II, III, IV or V): enter text here

Minimum Water Flow Level: enter text here

Maximum Water Flow Level: enter text here

Estimated number of participants: enter text here

Event Description: Please provide a short concise description of your event: enter text here

## Part 3: EVENT PLANNING AND CHECKLIST

The following pre-activity/event checklist is intended to demonstrate that the activity/event organizers have properly planned this activity/event in order to prevent accidents and handle emergencies if (when) they occur and will help you prepare an appropriate emergency plan. Please also refer to the “Sanctioning Requirements and Guidelines for Affiliates.” If more room is needed, please attach additional information as it relates to the event. Checklist items may not apply to certain Affiliate events. All activity/event management must be briefed on emergency procedures, both for spectators and participants. Briefing should include procedures to follow in case of medical or other emergency including location of medical personnel, emergency evacuation plans, location of communication equipment, etc.

### **Activity/Event Support Team**

How many staff and volunteers do you plan to involve: Enter text here

Who is the activity/event Safety Coordinator: Enter text here

Who is responsible for planning and leading emergency procedures: Enter text here

Who is responsible for inspecting the activity event site for possible hazards: Enter text here

Who is responsible for coordinating officials and ensuring that all rules are followed: Enter text here

Who is responsible for relaying activity/event rules and possible hazards to participants: Enter text here

Are there emergency vehicles on site: Enter text here

How many spectators are you expecting and how will you manage them: Enter text here

How many staff and volunteers do you plan to involve: Enter text here

**Emergency Plans**

What are your procedures for medical emergencies: Enter text here

What are your plans for emergency communications: Enter text here

What are your plans for emergency evacuation of spectators and participants: Enter text here

How many safety boats do you plan to use and describe how they will be used: Enter text here

What provisions are being made for shelter from sun, heat or cold: Enter text here

What provisions are being made for drinking water and toilet facilities: Enter text here

As the ACA member/Event Organizer in charge of this event, acting as an agent of the ACA Affiliate, I hereby agree that the event will be conducted in accordance with all ACA requirements, [risk management](#), and all other rules, guidelines, and conditions established by the ACA. I have read and fully understand the sanctioning requirements established by the ACA, I have personally inspected the event site(s) and I attest to the fact that such site(s) are appropriate for use in this event and free of undue hazards.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**SECTION III – ADDITIONAL INSURED**

Please list any additional insureds that need to be listed on the Affiliate’s certificate of insurance. Include lead Sojourn organization as first additionally insured and then partners, landowners, and anyone who needs coverage for the event.

	Contact Name, Title and Organization	Address	City	State	Zip	Phone	Email	Relationship of the Additional Insured (e.g., sponsor, landowner, speaker).	Please specify wording if name on Certificate is different than above.	Has the Affiliate entered into any agreement, contract, or permit that contains Assumption of Liability, Indemnification, or Hold Harmless Language? If “yes”, please forward a copy of the document with this request.	
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