



USA Roller Sports
4730 South Street
Lincoln, NE 68506
402.483.7551 phone 402.483.1465 fax

2020-2021 SPECIAL PRE EVENT SANCTION APPLICATION
(Show, Exhibition, or Seminar)

Exact dates of event: _____

Sponsoring club name, if any: _____ Club Id: _____

Address: _____

City, State, Zip: _____

Email address to receive Sanction info: _____

Where will event(s) be skated (Facility, City, State)? _____

Name of event: _____

List participating skaters, i.e. "Norman Latin and Margaret Wallace" or "all members of the "Skating Club". Use back of form as needed.

Explain what event will include: _____

Type of Event: _____ Seminar _____ Show or Exhibition (requires \$25 per day fee per GR6.06.05)

If exhibition or show includes speed skating, please note: ANZI Z90.4 and/or the SNELL bicycle Standard helmets are required to be worn by all speed skaters at all speed skating competitions. All normal markings on the helmets must be left intact and are not to be tampered with in order that they may be readily identified as having complied with the ANZI Z90.4 and/or SNELL Bicycle Standards.

By completing this form, the applicant agrees to submit a Post Sanction Event Report Form within 5 business days of the event's completion to USA Roller Sports National Office. The applicant also acknowledges that failure to submit a Post Sanction Event Report Form will result in the following possibilities of penalties: First Offense - Formal Warning, Second Offense – Sanction Granted with Restrictions and Third Offense – Future Sanctions not granted until the applicant is able to validate event reporting procedures are able to be met.

The undersigned applicant hereby agrees to indemnify and hold USA Roller Sports harmless from any and all claims, liability or damages arising as a result of the conduct of this exhibition or show, or the negligence of USA Roller Sports, the applicant, or their officers, directors, agents, employees, or assigns. The undersigned applicant further agrees not to compensate any amateur roller skater for that person's appearance other than as outlined in the USA Roller Sports General Rules, nor cause that person to violate any amateur status rule set forth in USA Roller Sports General Rules.

Applicant Signature _____

Date _____

Risk Assessment Interview & Score

- Event/Meet Risk Assessment Interview Completed
- **Risk Assessment Score:** Green Yellow Orange Red Dark Red
 - **Note:** Only Green & Yellow Scores will be granted an approved sanction.
 - Orange, Red and Dark Red must show validation that corrective action is taken, before being granted an approved sanction.
 - **USARS Staff Member Validating Risk Assessment Score:** _____ & **Date:** _____ / _____ / 2020

EMAIL completed form and credit card information to:
 bbenson@usarollersports.org

FAX completed form and credit card information to:
 402.483.1465

MAIL completed form and check or credit card information to:
 USA Roller Sports, 4730 South Street, Lincoln, NE 68506

Card Number: _____ CCV#: _____

Expiration Date: _____ Billing Zip Code: _____

Signature: _____

Total Amount To Charge: _____