EPIC Entertainment & Sports

USA Track & Field
Event Medical Professional Liability
Enrollment Form

USATF

Name of Event: _____ **Event Dates:** _____ **Event Sanction #**_____

The name and specialty of each physician and all other healthcare provider must be listed in order for coverage to apply.

	Print Name	Specialty - Check one:	
		Doctors/ Physicians*	All Others Healthcare**
		(See Descriptions Below)	
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐
5		☐	☐
6		☐	☐
7		☐	☐
8		☐	☐
9		☐	☐
10		☐	☐
11		☐	☐
12		☐	☐
13		☐	☐
14		☐	☐
15		☐	☐
16		☐	☐
17		☐	☐
18		☐	☐
19		☐	☐
20		☐	☐
21		☐	☐
22		☐	☐
23		☐	☐
24		☐	☐
25		☐	☐
26		☐	☐
27		☐	☐
28		☐	☐
29		☐	☐
30		☐	☐
	Total:	☐	☐

All physicians and all other healthcare providers must be licensed (in good standing) for coverage to apply.

**Doctors shall include all Medical Practitioners, Resident Physicians, Chiropractors and other Licensed Physicians in all specialties.*

***All Other healthcare providers shall include Physician Assistants (PA), Nurses, Emergency Medical Technicians (EMT), Paramedics, Athletic Trainers, Physical Therapists, and Massage Therapists.*

READ & SIGN: I UNDERSTAND THAT THE INSURANCE COMPANY WILL RELY ON THE INFORMATION CONTAINED IN THIS FORM AND ALL OTHER INFORMATION BEING SUBMITTED. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IS COMPLETE, TRUE AND CORRECT.

Name of Event Organizer/Reporting Party: _____

By checking this box, I agree that I am the above listed party. ☐

(Mar 2026)

USA TRACK & FIELD
EVENT MEDICAL PROFESSIONAL LIABILITY
ENROLLMENT FORM

PAYMENT INFORMATION:

EVENT NAME: _____

EVENT DATE(S): _____

EVENT SANCTION #: _____

EVENT ORGANIZER/REPORTING PARTY: _____

TOTAL COST SUMMARY:

TOTAL # OF PHYSICIANS :	
TOTAL # OF ALL OTHER HEALTHCARE PROVIDERS :	
$45.00 X # OF PHYSICIANS =	$
$13.00 X # OF ALL OTHER HEALTHCARE PROVIDERS =	$
TOTAL AMOUNT DUE:	$

PAYMENT PREFERENCE:

◯ **CHECK OR MONEY ORDER:** (PLEASE MAKE CHECK PAYABLE TO USA TRACK & FIELD)

ENCLOSED IS CHECK #_____ FOR $_____

◯ **CREDIT CARD:** (VISA ONLY) *FOR THIS FORM OF PAYMENT, CONTACT USATF – JUSTIN WATERS -* ***PH: (317) 713-9617***

◯ **ACH**: *FOR THIS FORM OF PAYMENT, CONTACT USATF – JUSTIN WATERS -* ***PH: (317) 713-9617***

MAILING INSTRUCTIONS:

PLEASE MAIL YOUR COMPLETED ENROLLMENT FORM WITH PAYMENT TO:

USA TRACK & FIELD
ATTN: SANCTIONS
342 Massachusetts Ave, Suite 400
INDIANAPOLIS, IN 46204
PH: (317) 261-0500
FAX: (800) 833-1466
SANCTIONS@USATF.ORG

ENROLLMENT FORM AND PREMIUM MUST BE POSTMARKED WITHIN 48 HOURS AFTER THE COMPLETION OF THE EVENT.

(Mar 2026)