

Santa Clarita Community College District  
College of the Canyons  
26455 Rockwell Canyon Road  
Santa Clarita, CA 91355



## SAVE HARMLESS AGREEMENT AND COVENANT NOT TO SUE

I, Sherri Howard, in consideration of being  
(Name of Individual or Organization)

permitted to use facilities of the Santa Clarita Community College District, in connection with

9/10 between the dates of 8/10, 2020 and

9/10, 2020 do hereby covenant and agree that the Santa Clarita Community College District, their officers, employees, agents, members or representatives shall not be liable for any loss, damage, injury or liability of any kind to any person or property caused by or arising from any use of the premises of the Santa Clarita Community College District, or any part thereof, or by a defect in any building, structure or improvement thereon, or in any equipment to be used therein, or because of the same being out of repair or arising from any act or omission of the undersigned or its agents, employees, nor shall the above enumerated entities be liable for any loss, damage or injury from any cause whatsoever to the property or person of the undersigned or any of its employees, agents or other persons entering upon or using said premises or any part thereof, or to any property stored or placed thereon by the undersigned, except for liability resulting from the sole and active negligence of the District. The undersigned covenants not to sue the above enumerated entities for any such loss, damage, injury or liability referred to in this paragraph.

Notwithstanding anything to the contrary herein contained and irrespective of any insurance carried by the undersigned for the benefit of the above enumerated entities, the undersigned agrees to protect, indemnify and hold the above enumerate entities and said premises harmless from any and all damages or liabilities of whatsoever nature arising directly out of any activity, work or thing done, permitted, suffered or omitted to be done, caused or allowed by or arising in any way from the undersigned in, on or about the facilities or property of the Santa Clarita Community College District. This Save Harmless Agreement and Covenant Not to Sue is provided as an additional to any indemnity and hold harmless requirement set forth in any written agreement between the Parties, which also establishes the consideration granted to the undersigned in exchange for the requirements set forth herein. The language herein shall in no way be interpreted as replacing, limiting, or otherwise reducing any indemnification or hold harmless requirements required by the undersigned through any additional agreement.

Signature: \_\_\_\_\_

Date: 9/4/2020

Print Name: Sherri Howard

Title: Coach

Address: 14059 Bridle Ridge Rd  
Sylmar, CA 91342  
Tel: 818-429-1065

Santa Clarita Community College District  
26455 Rockwell Canyon Road  
Santa Clarita, CA 91355  
(661) 362-3579, Chellie Louis  
Chellie.Louis@canyons.edu



|                      |
|----------------------|
| For Office Use Only  |
| Date Received: _____ |
| Permit No.: _____    |

**APPLICATION/PERMIT/FACILITY USE AGREEMENT  
BETWEEN SANTA CLARITA COMMUNITY COLLEGE DISTRICT AND USER**

(Please note: Insurance and Hold Harmless forms will be required at least 48 hours in advance of the event.)

Application Date: 9/4/2020 Applicant's Name: Sherri Howard Profit ☐ Non-Profit ☐  
Applicant's Email, Office & Cell Phone: sfr1@roadrunner.com  
Organization (User): Sherri Howard Organization Phone: 818-429-1065  
Organization Address: 14059 Bridle Ridge Rd, Sylmar, CA 91342  
Name/Nature of Event: Technique, Speed & Agility Date(s) of Event: \_\_\_\_\_  
Expected Attendance: 85 Admission Fee (if applicable): N/A  
Website Where Event is Being Advertised: N/A Is Event Open to the Public? N/A  
Will there be food or alcohol served at the event? no

(Note: The District has first right of refusal for concessions for at events held in the stadium. All other concessions and food services on District property must be approved by the District. Food or refreshments are not permitted in auditoriums, lecture halls, theaters or classrooms.)

| Facilities | Event Date & Start Time | Event Date & End Time | Set Up Time | Tear Down Time |
|------------|-------------------------|-----------------------|-------------|----------------|
|            | <u>8/10/2020</u>        | <u>9/10/2020</u>      |             |                |
|            |                         |                       |             |                |
|            |                         |                       |             |                |

Rental of District Equipment: \_\_\_\_\_  
Special Arrangements: \_\_\_\_\_

Fifty percent of usage fee is payable upon approval of application. Balance of payment in full is due within seven business days after the last scheduled event listed on this Permit.

By signing below, Applicant understands and agrees this application is not a confirmation of facility use and that the date(s) for the event will not be confirmed until the Applicant receives written confirmation from an authorized representative of the Santa Clarita Community College District. If application is approved, the undersigned has read and hereby agrees to abide by and enforce all rules and regulations including insurance requirements pertaining to the use of school facilities established by the Board of Trustees of the Santa Clarita Community College District as printed on the second page of this application. I certify that I am authorized to sign on behalf of Applicant:

Applicant's Signature: [Signature] Date: 9/4/2020

**Permit for Use of District Facilities**

Civic Center Approved: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Estimated Charges: \_\_\_\_\_

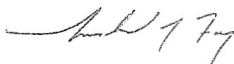
This Agreement is hereby entered into between the Santa Clarita Community College District, a California community college ("District") and Applicant ("User") whereas the District is authorized by California Education Code 82537 to allow use of its facilities by the general public and whereas User desires to so use these facilities; and in consideration of the promises made and intending to be legally bound, the District and User agree to the Terms and Conditions as set forth herein, to the Rules and Regulations attached to this application/permit and incorporated herein by reference, and to any addendum made a part hereof.

Application Approved by Santa Clarita Community College District

Authorized District Representative \_\_\_\_\_ Date \_\_\_\_\_  
The attached Permit Rules and Regulations are a part of this application.  
Page 1 of 6

**VERIFICATION OF INSURANCE  
FOR THE AMATEUR ATHLETIC UNION OF THE U.S., INC. AND ITS MEMBER CLUBS**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                  |                               |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>GENERAL INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | This document verifies insurance coverage for the Amateur Athletic Union of the United States, Inc. Member clubs have coverage as shown below from the date of enrollment and acceptance in the AAU.<br>Expiration date is August 31st annually. |                               |                                                                                                                                                       | <b>COVERAGE DATES:</b><br>9/1/2025 - 8/31/2026                                                                                                                                                                                                                                                                                  |                                                                                                                             |
| <p>This verification is issued as a matter of information only and confers no rights. This verification does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This verification of insurance does not constitute a contract between the issuing insurer (s), authorized representative or producer.</p>                                                                                                                                                              |                      |                                                                                                                                                                                                                                                  |                               |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |
| <b>PRODUCER</b><br>Foy Insurance a division<br>World Insurance<br>64 Portsmouth Ave<br>Exeter NH 03833                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | <b>INSURED</b><br>Amateur Athletic Union of the U.S., Inc.<br>Walt Disney World Resort<br>P.O. Box 1000022409<br>Lake Buena Vista, FL 32830-1000<br>(407) 934-7200                                                                               |                               | <b>MEMBER CLUB INSURED</b> <b>CLUB CODE: UHCG7Z859</b><br><br>The Journey Team<br>14059 Bridle Ridge Rd<br>Sylmar, CA, 91342<br>8/27/2025 08:40:39 PM |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                                                                                  |                               |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |
| Company A United State Fire Insurance Company NAIC # 21113<br>Company B Everest National Insurance Company NAIC # 10120<br>Company C HDI Global Specialty SE NAIC# AA-1340041                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                  |                               | *For box below, INSR LTR refers to Company A, B or C.                                                                                                 |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |
| <b>COVERAGES</b> - This is to certify that the policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims. |                      |                                                                                                                                                                                                                                                  |                               |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |
| INSR LTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TYPE OF INSURANCE    | POLICY NUMBER                                                                                                                                                                                                                                    | COVERAGE EFF. DATE (MM/DD/YY) | COVERAGE EXP. DATE (MM/DD/YY)                                                                                                                         | COVERAGES                                                                                                                                                                                                                                                                                                                       | LIMITS                                                                                                                      |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Participant Accident | US1182736                                                                                                                                                                                                                                        | 9/01/2025 12:01 AM.           | 9/1/2026 12:01 AM.                                                                                                                                    | Accident Medical<br>Accidental Death and Dismemberment                                                                                                                                                                                                                                                                          | 100,000<br>20,000                                                                                                           |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Excess Liability     | GCN0012707-251                                                                                                                                                                                                                                   | 9/01/2025 12:01 AM.           | 9/1/2026 12:01 AM.                                                                                                                                    | Each Occurrence<br>Policy Aggregate                                                                                                                                                                                                                                                                                             | 1,000,000<br>1,000,000                                                                                                      |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Excess Liability     | 25QS1244                                                                                                                                                                                                                                         | 9/01/2025 12:01 AM.           | 9/1/2026 12:01 AM.                                                                                                                                    | Each Occurrence<br>Policy Aggregate                                                                                                                                                                                                                                                                                             | 4,000,000<br>4,000,000                                                                                                      |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | General Liability    | GCN0012693-251                                                                                                                                                                                                                                   | 9/01/2025 12:01 AM.           | 9/1/2026 12:01 AM.                                                                                                                                    | Each Occurrence Limit<br>General Aggregate Limit<br>Participant Legal Liability<br>Personal and Advertising Injury Limit<br>Products-Completed Operations Aggregate<br>Fire Damage to premises Rented to<br>Policy Aggregate Cap<br>Medical Expenses Limit (Any One Person)<br>Sexual Abuse Liability<br>Sexual Abuse Aggregate | 1,000,000<br>3,000,000<br>1,000,000<br>1,000,000<br>3,000,000<br>1,000,000<br>20,000,000<br>5,000<br>1,000,000<br>2,000,000 |
| <b>ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS</b><br><br>For said club to have coverage, all membership requirements in the AAU must be met.<br><br>For said club to have Extended Coverage (AB) program, all membership requirements in the AAU AB program must be met.                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                  |                               |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |
| <b>CANCELLATION</b> - Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives.<br><b>REVOCATION OF MEMBERSHIP</b> - will result in cancellation of coverage.                                                                                                              |                      |                                                                                                                                                                                                                                                  |                               |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |



Authorized Representative

Verification No. UHCG7Z859

InsSpecimenCertClub.rpt

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**PRACTICE THIRD PARTY CERTIFICATE OF INSURANCE  
AMATEUR ATHLETIC UNION OF THE U.S., INC.**

**CERTIFICATE HOLDER**

College Of The Canyons  
26455 Rockwell Canyon Rd  
Valencia, CA 91355

**COVERAGE DATES:**  
9/1/2025 - 8/31/2026

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

**PRODUCER**

Foy Insurance  
64 Portsmouth Ave  
PO Box 1030  
Exeter, NH 03833-1030

**INSURED**

Amateur Athletic Union of the U.S., Inc.  
Walt Disney World Resort  
P.O. Box 22409  
Lake Buena Vista, FL 32830-1000  
(407) 934-7200

**MEMBER CLUB INSURED**

The Journey Team  
14059 Bridle Ridge Rd  
Sylmar, CA 91342

**CERTIFICATE ID:** PLX7AJHN2V  
**CLUB CODE:** UHCG7Z859

**INSURER(S) AFFORDING COVERAGE**

Company A United State Fire Insurance Company NAIC# 21113  
Company B Everest National Insurance Company NAIC # 10120  
Company C HDI Global Specialty SE NAIC# AA-1340041

\*For box below, INSR LTR refers to Company A, B, or C.

**COVERAGES** - This is to certify that the policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.

| INSR LTR | TYPE OF INSURANCE    | POLICY NUMBER  | COVERAGE EFF. DATE (MM/DD/YY) | COVERAGE EXP. DATE (MM/DD/YY) | COVERAGES                                                                                                                                                                                                                                                                                                                           | LIMITS                                                                                                                      |
|----------|----------------------|----------------|-------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| A        | Participant Accident | US1182736      | 9/01/2025 12:01 AM.           | 9/01/2026 12:01 AM.           | Accident Medical<br>Accidental Death and Dismemberment                                                                                                                                                                                                                                                                              | 100,000<br>20,000                                                                                                           |
| B        | Excess Liability     | GCN0012707-251 | 9/01/2025 12:01 AM.           | 9/01/2026 12:01 AM.           | Each Occurrence<br>Policy Aggregate                                                                                                                                                                                                                                                                                                 | 1,000,000<br>1,000,000                                                                                                      |
| C        | Excess Liability     | 25QS1244       | 9/01/2025 12:01 AM.           | 9/01/2026 12:01 AM.           | Each Occurrence<br>Policy Aggregate                                                                                                                                                                                                                                                                                                 | 4,000,000<br>4,000,000                                                                                                      |
| B        | General Liability    | GCN0012693-251 | 9/01/2025 12:01 AM.           | 9/01/2026 12:01 AM.           | Each Occurrence Limit<br>General Aggregate Limit<br>Participant Legal Liability<br>Personal and Advertising Injury Limit<br>Products-Completed Operations Aggregate<br>Fire Damage to premises Rented to You<br>Policy Aggregate Cap<br>Medical Expenses Limit (Any One Person)<br>Sexual Abuse Liability<br>Sexual Abuse Aggregate | 1,000,000<br>3,000,000<br>1,000,000<br>1,000,000<br>3,000,000<br>1,000,000<br>20,000,000<br>5,000<br>1,000,000<br>2,000,000 |

**ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS**

Coverage applies to The Journey Team, License # PLX7AJHN2V AAU Practice License 2026 from 9/1/2025 through 8/31/2026, for the gross negligence and/or liabilities of the AAU Club(s) or registered members.

For said club to have coverage, all membership requirements in the AAU must be met.

Primary non-contributory applies as per attached endorsement ECG 24 520 04 02.

Waiver of Transfer of Rights of Recovery Against Other to Us applies per attached Endorsement ECG 24 522 04 02.

The Certificate holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, subject to the provisions and limitations of the policy(ies), attached CG 20 11 04 13 applies.

**CANCELLATION** - Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives.

**REVOCATION OF MEMBERSHIP** - will result in cancellation of coverage.

**FACILITY OWNER SHOULD VERIFY THIS CERTIFICATE.**

Go to [www.aausports.org](http://www.aausports.org), Membership, Insurance, Issued Third Party Certificates, Insert member club code



Authorized Representative

Certificate No. U8BFDBHSHZMH6

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inscertfacility.rpt