

APBA

AMERICAN POWER BOAT ASSOCIATION

**2020
REFEREE/RISK MANAGER'S
Information**

APBA has been able to maintain our relationship with our insurance carrier. Rick Felsen

HAWK RACE CONSULTANTS, LTD.
111 GREAT NECK ROAD SUITE #400
GREAT NECK, NY 11021

☎ 516-466-9760 🖨 516-466-9663 ✉ hawkrace@aol.com 📱 Cell: 516-449-1134



We must continue to...

*So what are we doing to
maintain our coverage?*

HAVE FENCING TO SEPARATE RESTRICTED AREAS FROM SPECTATOR AREAS





**BE CERTAIN TO HAVE A GATE KEEPER TO ENFORCE THE
WAIVER IS SIGNED BEFORE ENTERING RESTRICTED
AREAS**





**WAIVERS AND WRIST BANDS FOR ALL PARTICIPANTS
WRIST BANDS WILL ONLY BE GIVEN AFTER THE WAIVER
HAS BEEN SIGNED**



Wristbands

Wristbands must be worn on the wrist at all times!

Reminder!

Wristbands are given **AFTER** the waiver and release is signed.

Registration personnel or Gate Keepers **MUST** place the band onto the participants wrist.

NO EXCEPTIONS!

Minor Waivers

- ▶ A minor is anyone under the age of 18.
- ▶ The minor waiver **MUST** to be signed by the parent or guardian, **NOT** other family adults or friends parents.
- ▶ If the minor is old enough to write his/her name, the minor should also sign the waiver.
- ▶ The minor waiver is good for that weekend **ONLY**. A new waiver must be signed at each event.
- ▶ The minor **MUST** also receive and wear a wrist band on their wrist regardless of age.

At what age do you sign the adult waiver instead of the minor waiver?

▶ At the age of 18.

Who must sign the waiver?

- ▶ Participants – A participant is anyone who has an active part in putting on the event. (Officials, Drivers, Crew Members, Safety / Patrol Boat Crews)
- ▶ Anyone who is authorized to enter the restricted area.

We love our spectators and their safety is extremely important to us. Therefore, no spectators are allowed in the restricted area.

PROTECTING OUR SPECTATORS

WHO IS A SPECTATOR?



A SPECTATOR IS ANYONE WHO DOES NOT HAVE AN ACTIVE PART IN PUTTING ON THE EVENT. SPECTATORS CANNOT ENTER ANY RESTRICTED AREAS.

Helping our Spectators Enjoy the Boat Racing Experience Safely

- ▶ Have spectator areas clearly marked
- ▶ Provide clean, safe walkways to concession stands and restrooms
- ▶ Have good PA announcements to explain rules and emergency procedures to spectators
- ▶ Have signage and announcements warning spectators of any hazards
- ▶ Make sure tents, canopies, etc., are secured in case of high wind

Spectator Areas

- ▶ Spectator areas should:
- ▶ Be set back a minimum of 30' from the water's edge or behind a barrier 36" in height
- ▶ Have signage telling spectators not to cross the barrier or sit on the barrier
- ▶ Have loud speakers to inform spectators of rules and emergency procedures
- ▶ Have signs and announcements warning spectators to stay out of the water

The Restricted Area

What is the definition of a restricted area?

At minimum, the restricted area should include the race course, pit area(s), and any area where racing craft are being launched and retrieved. The restricted area should be clearly identified with signs indicating that the area is not open to the general public.

Examples of acceptable wordings include: “Restricted Area: No Admittance without Waiver” or “Caution: No admittance without Arm Band.” A positive barrier must separate the restricted area where the general public may go.

The question now is "what is positive barrier?" It is difficult to give a specific answer to this. However, any material that will prevent people from entering a restricted area is satisfactory; this includes various forms of temporary fencing.

THIS DOES NOT INCLUDE CAUTION TAPE OF ANY COLOR!

No one is permitted to enter the restricted area unless a waiver has been signed and they are wearing the wristband!

Requirements: Restricted Area

- ▶ A nontransferable wristband must be worn on the wrist indicating that a waiver has been signed.
- ▶ Closed toed shoes are required in all areas of the Restricted Area

The Assistant Risk Manager

General Racing Rule 1 Section 1.B.1 includes the following:

“The Assistant Risk Managers are NOT members of the Race Committee and will have NO other duties than those concerning the SAFETY of the event. The Assistant Risk Managers must work with the referee to make sure that the event is in full compliance with all APBA rules and requirements.”

The Assistant Risk Manager's Duties

The Assistant Risk Manager's only duty is to assist the Referee/Risk Manager in managing the safe operations of the race.

The Referee is mainly focused with but **NOT LIMITED TO** “on the water” events.

The Assistant Risk Manager is mainly focusing on but **NOT LIMITED TO** the “on shore” events.

As An Assistant Risk Manager, What Do I Have to Do?

- ▶ Prior to the race, conduct an inspection of the facilities to be sure that all fencing and signage is in place, as indicated on the Insurance application.
- ▶ Make sure that there is a place for anyone who wishes to enter the restricted area to sign the waiver and receive their wristband.
- ▶ Make sure that this is manned throughout the event.
- ▶ Complete the **COMPLETED** Assistant Risk Manager Checklist and forward to APBA after the event.

As an Assistant Risk Manager, What Do I Have to Do?

- ▶ Periodically check to be sure fencing and signage is in place and waivers are being signed at restricted area gateways.
- ▶ Check the restricted area periodically to ensure spectators have not wandered into the restricted area.
- ▶ Check spectator areas frequently to ensure that no hazardous conditions exist (tripping, burn, etc.).

As an Assistant Risk Manager you will receive the following documents from APBA:

- 1) Cover Letter
- 2) Assistant Risk Manager's Check List
- 3) Answers to common questions
- 4) Serious Incident Procedures



AMERICAN POWER BOAT ASSOCIATION
P.O. Box 377, Eastpointe, MI 48021-0377, Phone 586-773-9700.

Assistant Risk Managers

You accepted an important job when you agreed to be the ASSISTANT RISK MANAGER at this event. Your position was created by the APBA Board of directors by way of the RACE MANAGEMENT COMMITTEE to control safety at events.

After Your Event Please Complete and Return the Attached "Checklist" to
NATIONAL HEADQUARTERS

Your AUTHORITY as stated in APBA General Racing Rules; page RR1, Rule 1, For 1 B) Assistant Risk Manager

1. There may be more than one Assistant Risk Manager at any regatta. The Assistant Risk Managers must be members of APBA and at least 18 years old. The Assistant Risk Managers are NOT members of the Race Committee and will have NO other duties than those concerning the SAFETY of the event. The Assistant Risk Managers must work with the referee to make sure that the event is in full compliance with all APBA rules and requirements.
2. The Assistant Risk Managers will report any and all violations immediately to the Referee and have the authority to correct any violation. The Referee and Assistant Risk Managers must work together

PARTICIPANT

Anyone who has a part in the conduct of the event. A participant is defined as someone who signs a waiver.

SPECTATOR

Anyone who comes to watch the event only. A spectator does not enter the restricted area and therefore would not sign a Liability Waiver.

INCIDENT REPORT

To be completed anytime an incident occurs to a participant or spectator, regardless of injury. Medical coverage extends for 12 months, therefore if you become aware of an injury after the event, complete an incident report. Obtain sufficient information to verify that the injury took place at the event.

CALL IN INCIDENT REPORT

When someone is transported from the race site with either a serious injury or fatality. Be prepared with the individual's name, where they were transported and the injurer, etc. Please call Dave Harris 317-617-6461 & Mark Wheeler 269-698-3216 .

ADULT WAIVER & RELEASE

Signed by ADULTS ONLY. When signed, the participant is covered as defined in the policy. When NOT signed, NO COVERAGE.

MINOR WAIVER & RELEASE

Completed and signed for anyone under 18. Minors DO NOT sign the Adult Waiver & Release.



ASSISTANT RISK MANAGER CHECK LIST

Sanction # _____
 Date of Event _____
 Location (city & state): _____
 Assistant Risk Manager _____
 Daytime Phone: _____
 Fax: _____

RETURN THIS FORM TO:
AMERICAN POWER BOAT ASSOCIATION
 PO Box 377
 Eastpointe, MI 48021-0377
 Phone: 586.773.9700
 Fax: 586.773.6490

Where was registration located prior to race day?

1. Where was registration located on race day?

2. If registration is within the restricted area, explain how it was handled.

3. Was the minor release and adult waiver and release forms available and were they being used at registration for all participants without exceptions. YES _____ NO _____
4. In your opinion do registrars understand the importance of the waiver & release?
 YES _____ NO _____ If no, what would you suggest? _____

6. At all APBA events it is mandatory that wristbands be used to verify a participant has signed the waiver & release. Were they used at this event? _____

7. Were spectators set back from the waters edge per guidelines?
 YES _____ NO _____
8. Were all course markers in place per the course layout & insurance application?
 YES _____ NO _____
9. Were restricted areas designated, signed and enforced. YES _____ NO _____
10. Were there provisions for keeping swimmers out of the water during on water activity?
 YES _____ NO _____

11. Was the launch ramp access restricted? YES _____ NO _____
12. Was there a clear path for launch vehicles so it did not interfere with spectators?
YES _____ NO _____
13. Was the crane area restricted so no cranes were used over the crowd?
YES _____ NO _____ N/A _____
14. Was tech inspection in accordance with rules? YES _____ NO _____
15. Were ambulances and fire control on site prior to start of event? YES _____ NO _____
16. Was there a backup ambulance available if the #1 ambulance was dispatched?
NOTE: No racing is allowed until there is at least one ambulance on race site.
YES _____ NO _____
17. Were incident reports available to assistant risk manager, referees/ risk manager, scorer & race director/producer? YES _____ NO _____
18. Was the nearest trauma center (hospital) notified that an event is taking place with time & location given? YES _____ NO _____
19. Is the contact person at the hospital known? YES _____ NO _____
Name _____ Phone _____
20. Are the first aid stations for the spectators separate from participants?
YES _____ NO _____
21. Was there signage and barriers separating the spectator area from all "restricted areas" such as "fuel area", launch area" and "judges stand". YES _____ NO _____
22. If bleachers exist, were they in good condition-no loose boards, nails protruding, or gaps on top row so as to allow a person to fall, and were their handrails to assist persons going up & down?
YES _____ NO _____
23. Are vendor stands in compliance with local codes as to open flames, propane tanks, electrical hook ups, licensing, etc? YES _____ NO _____
24. Was alcohol sold? YES _____ NO _____ Was their signage stating that alcohol will not be sold to anyone under the age of 21 and was it being enforced? YES _____ NO _____
25. Was the parking area controlled to prevent injuries or property damage?
YES _____ NO _____
26. Were toilet facilities adequate for all. YES _____ NO _____
27. Were all areas free of trip and fall objects or at least well marked? YES _____ NO _____
28. Was their adequate lighting for early starts or late finishers? YES _____ NO _____
29. What method of communication is being used with spectators and participants?

30. What method of communication was used between race director/producer and race officials?

31. Was there a communication link between the assistant risk manager & local law enforcement?
YES _____ NO _____

- ▶ The Assistant Risk Manager should not perform any other duties during the event.
- ▶ More than one Assistant Risk Manager should be listed on the sanction.
- ▶ Have **Incident Report Forms** handy and be certain that the forms are filled out completely (even if there is no apparent injury). It does not matter whether the incident is in the pit or spectator area, fill out the form!
- ▶ **The form must be signed!**

Incident Reports

- ▶ Use current forms, throw all outdated forms (last year's) away.
- ▶ All information that needs to be completed on the form.
- ▶ The name of the person completing the form, their signature, Email Address, phone number and date, must be filled in.
- ▶ If the form is not filled out correctly, it can makes it difficult be processed.



POWERBOAT/PWC

Claim Incident Reporting Form

- 1. Please fully complete this form
- 2. Attach itemized bills (if applicable)
- 3. MAIL TO: APBA 17640 E 9 Mile Rd. Eastpointe, MI 48021
EMAIL TO: APBAHQ@APBA.ORG FAX TO: 586-773-6490

PART I – POLICYHOLDER’S REPORT		POLICY NUMBER	SR2014MIP-120166
Name of Policyholder: AMERICAN POWER BOAT ASSOCIATION		Address of Policyholder: 17640 East Nine Mile Rd., Eastpointe, MI 48021	
Name of Involved Person:		Involved: <input type="checkbox"/> Driver <input type="checkbox"/> Pit Crew <input type="checkbox"/> Official <input type="checkbox"/> Spectator <input type="checkbox"/> Other	
Address if Involved Person:			
APBA Member Type: <input type="checkbox"/> Associate <input type="checkbox"/> Kids Crew <input type="checkbox"/> Single Event <input type="checkbox"/> NONE		APBA Member #	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Best Contact Phone #	E-Mail Address:
Location:			
Date of Incident:	Time of Incident: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Disposition: <input type="checkbox"/> On-Site Care Only <input type="checkbox"/> Ambulance to (City) <input type="checkbox"/> Refused Treatment	
Injured Body Part: Side of the Body: <input type="checkbox"/> Left <input type="checkbox"/> Right		Condition (sprain, fracture, concussion, etc.)	Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Benefits Claimed: <input type="checkbox"/> Accidental-Medical <input type="checkbox"/> Dental <input type="checkbox"/> Accidental Death <input type="checkbox"/> Specific Loss <input type="checkbox"/> Disability*			
<small>*If claiming for disability benefits, we need the name, address, and a telephone number for your employer.</small>			
Type: <input type="checkbox"/> Closed Course <input type="checkbox"/> Marathon <input type="checkbox"/> Drag <input type="checkbox"/> PWC <input type="checkbox"/> Event Class <input type="checkbox"/> Other		Category: (if necessary)	Class: (if necessary)
Occasion: <input type="checkbox"/> Pre-Race <input type="checkbox"/> Pit Stop During Race: <input type="checkbox"/> Start <input type="checkbox"/> Early <input type="checkbox"/> Mid <input type="checkbox"/> Late <input type="checkbox"/> Finish <input type="checkbox"/> After Race <input type="checkbox"/> Other: (please explain)			
Description of Accident (Attach a separate sheet if necessary):			
Witnesses: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete witness information below)			
Name / Address / Best Phone # of Witness:			
SIGNATURE OF WITNESS			
SIGNATURE OF POLICYHOLDER REPRESENTATIVE		TITLE	DATE

PART II – STATEMENT OF CERTIFICATION (required)

I hereby certify that all preceding information is true and complete, and I have reviewed the fraud statement for my state.

New York Claimants: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. (PURSUANT TO 11 NYC RR86)



POWERBOAT/PWC

Claim Incident Reporting Form

PART III – OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care or is the Claimant enrolled as an individual, employee, or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through your employer or other source on you or does your son/daughter have health care coverage as a dependent from your previous marriage as mandated in a divorce decree? YES

Are you eligible to receive benefits under any governmental plan or program, including Medicare?

YES NO If yes, please explain:

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim.

Father / Guardian Name / Address / Best Phone #

Mother / Guardian Name / Address / Best Phone #

PART IV – AUTHORIZATION TO RELEASE INFORMATION TO PROVIDER

I hereby authorize any physician, hospital, or other medically related facility, insurance company, or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by Mutual of Omaha Insurance Company or its representatives, any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: _____ DATE: _____

Participants

- ▶ As participants, we need to assist the Assistant Risk Manager in patrolling the restricted area for waiver compliance (wristbands).
- ▶ The first sentence of **Rule 1 Section B** reads “*All participants are obligated to inspect the racing facilities, including the pit area and race course, including all of the conditions that would affect their participation in, before, and after the event.*”

Prior to racing

- ▶ Ensure that a properly staffed and state licensed ambulance is on site during testing and racing.
- ▶ If the ambulance leaves, racing/testing must stop until the ambulance returns.

Prior to racing

- ▶ Verify that all proper course markers, including outside course markers, are in place.
- ▶ Verify that nontransferable wristbands are being used and waivers are being signed by all participants.

Prior to racing

- ▶ Verify that there is a procedure to ensure all boats have been safety inspected prior to going on the water (where appropriate).

Reminder!

The **Referee** is the point person in case of an emergency. No one else should make any statements to the authorities, news reporters, the public, etc.

Keep in Mind

- ▶ Spectator areas are set back a minimum of 30 feet from the waters edge or an existing barrier 36 inches in height is in place.
- ▶ A barrier is installed, with signage, to inform patrons to remain at the required distance from the waters edge.

Keep in Mind

- ▶ A barrier is installed, with signage, to make patrons aware of all vertical drop-offs including docks and banks.

Keep in Mind

- ▶ Signage informing patrons not to cross the barrier or to sit on the face of any vertical drop off are clearly visible and appropriately placed.
- ▶ Safety signage informing patrons not to enter the shoreline or water are clearly visible and appropriately placed throughout the spectator areas.

Keep in Mind

- ▶ A system is in place (public address system, bullhorns, verbal messages etc.) to adequately warn patrons of rules and emergency procedures.

Keep in Mind

- ▶ Safety signage informing patrons of other applicable hazards are clearly visible and appropriately placed throughout the spectator areas.
- ▶ All tents, canopies, staging, scaffolding, towers, judging tables, banners etc. are properly secured in case of high winds or storms.

**Can racing/testing continue if the ambulance leaves
as long as another ambulance is on the way?**

- ▶ **No! An ambulance must be on site before ANY racing or testing can happen.**

Who can go out on the water without signing the waiver?

- ▶ Police or Paramedics/EMTS who are working. Although it is always good to ask them to sign, they are not required to sign.

Who has the Responsibility for Compliance?

- ▶ The Referee is ultimately responsible for Compliance.
- ▶ However, the Assistant Risk Manager and every member of APBA **MUST** be on the lookout for ways to help the Referee complete these tasks so that we are in 100% compliance.

Printed rulebooks are available for purchase at
www.apbshop.com

Digital rulebooks are still available online, free of
charge at [https://apba.org/resource-rules-and-
regulations.html](https://apba.org/resource-rules-and-regulations.html)

2020 APBA CHIEF REFEREE

CHAS DODGE

DODGECHAS@YAHOO.COM