



WAIVER OF INSURANCE AND ACKNOWLEDGEMENT OF RISK

TO: EQUESTRIAN CANADA (“EC”)

In connection with my application for Registered Status as a Licensed Coach, I hereby represent, warrant, covenant and certify to the EC as follows:

1. I am employed exclusively by the Facility signing below and am covered under its insurance policies, including a minimum of \$2,000,000 general liability and \$100,000 professional liability.
2. I acknowledge that any coaching outside of the Facility may require me to obtain additional insurance and (a) will promptly communicate to EC in advance of any coaching responsibilities outside of the Facility, (b) will provide evidence of a minimum of \$2,000,000 general liability, \$500,000 tenant’s insurance and \$100,000 professional liability in such event and (c) will assume all risks relating to such activities.
3. I certify that I have read the foregoing provisions, confirm they are true and correct and, upon execution of this Certificate and delivery to EC, this Certificate shall be incorporated into and form a part of the application for Coach Status to which this Certificate is attached.

Full Name of Coach (Please Print)	
Signature of Coach	Date

Confirmation and Acknowledgement:

The undersigned hereby confirms that the foregoing information is true and correct as of the date below and undertakes to advise EC promptly of any changes to such information.

Facility name	
Name and position of authorized signatory	
Signature (Authorized signatory)	Date

**Equestrian Canada Coach Status Program
CERTIFICATE OF INSURANCE**

NAMED INSURED COACH: _____

ADDRESS OF INSURED COACH: _____

PROVINCE: _____

POSTAL CODE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

EFFECTIVE FROM: _____ **TO** _____
YYYY/MM/DD YYYY/MM/DD

GENERAL LIABILITY

Limit of Liability per Occurrence: _____ (Minimum of \$2,000,000)

Is there a General Aggregate: Yes No If 'yes', please advise the limit: _____

Policy includes all of the following extensions:

(X) Broad Form Property Damage

(X) Bodily Injury - Including Injury to Participants

(X) Cross Liability

(X) Non-Owned Automobile

(X) Tenants Legal Liability _____ (Minimum Limit \$500,000)

(X) Professional Liability _____ (Minimum Limit \$100,000)

Additional Insureds with respect to Liability arising out of the operations of the Named Insured as follows:

(Named Insured Coach is a member in good standing)

(X) EQUESTRIAN CANADA ("EC") **and** the home Provincial/Territorial Sport Organization (**PTSO**)
named here: _____

(X) Waiver of subrogation in favor of EC **and** the home **PTSO** named here:

THIS IS TO CERTIFY THAT THE POLICY (INCLUDING ENDORSEMENTS) OF INSURANCE, AS DESCRIBED ABOVE, HAS BEEN ISSUED BY THE INSURER AND/OR UNDERSIGNED TO THE NAMED INSURED ABOVE AND IS IN FULL FORCE AT THIS TIME. IF CANCELLED OR CHANGED IN ANY MANNER FOR ANY REASON DURING THE PERIOD OF COVERAGE AS STATED HEREIN SO AS TO AFFECT THIS CERTIFICATE, FIFTEEN (15) DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN BY THIS INSURANCE COMPANY TO **EQUESTRIAN CANADA, 11 HINES ROAD, SUITE 201, OTTAWA, ON CANADA K2K 2X1.**

DATED THIS _____ DAY OF _____, _____

BY: _____
(Signature of Authorized Broker or Insurance Company Representative)

NAME OF BROKERAGE: _____

ADDRESS: _____

EMAIL/PHONE: _____