



## WAIVER OF INSURANCE AND ACKNOWLEDGEMENT OF RISK

**TO: EQUESTRIAN CANADA (“EC”)**

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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.
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.
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

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**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