



# DRYLAND TRAINING INSTRUCTOR

## INFORMATION & ACKNOWLEDGEMENT FORM

This form must be provided where an Insurance Certificate has been requested by an OWHA Member for Dryland Training activities.

### INSTRUCTOR'S INFORMATION:

Instructor Name:	
Company Name:	
Address:	
Phone:	Email:
Current Designation(s):	
Relevant Certification(s):	

Do you have any criminal convictions that involve offences to persons, property or drugs or weapons?

### REFERENCES:

Please provide a minimum of 2 references:

Name	Phone #	Relationship

### INSTRUCTOR ACKNOWLEDGMENT:

By signing below you are acknowledging that you have read and understand the "OWHA Insurance Guide" and the Dryland Training Guidelines. By signing below you are agreeing to adhere to the requirements of the OWHA with respect to dryland training as provided in the OWHA Insurance Guide.

Signature

Date

### FOR OFFICE USE ONLY

Date Received:	Approved By:	Signature:
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PLEASE FAX OR EMAIL TO THE OWHA OFFICE  
Fax: (905) 282-9982 info@owha.on.ca