



DRYLAND TRAINING PROGRAM

INSURANCE CERTIFICATE REQUEST

THIS FORM IS TO BE COMPLETED:

- for any off-ice training activities or events where proof of insurance is required;
- and accompanied by:
 - Dryland Training Instructor Acknowledge Form
 - Proof of Instructor's Insurance
 - Detailed Program Outline

PLEASE NOTE:

1. Requests submitted less than 2 weeks before rental may not be processed.
2. Not all strength and conditioning activities are permitted by the Ontario Women's Hockey Association, for more information please read the "OWHA Insurance Guide" available at www.owha.on.ca.

HOCKEY TEAM INFORMATION:

Name of Team/Association/Program/League: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Contact Fax: _____

NAME OF FACILITY (THE THIRD PARTY) REQUESTING PROOF OF INSURANCE

Name: _____

Address: _____

Municipality: _____

ADDITIONAL INSURED

It is understood and agreed that the above entities are added to the policy as additional insured but only with respect to the operations of the named insured described above. This certificate applies to the members and authorized personnel of the insured while operating within the scope of their duties.

Please show facility name above as "Additional Insured"

PROGRAM DETAILS:

Program Dates: _____

Program Description: _____

Are non-registered participants involved?

NO YES (if yes, they are not covered by this policy)

Is this a recurring program?

NO YES

FOR OFFICE USE ONLY

Date Received:	Approved By:	Signature:
----------------	--------------	------------

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