



SANCTIONED EVENT – CAS587068-04 INSURANCE CERTIFICATE REQUEST FORM

Please complete and return **one form for each sanctioned event**. To ensure coverage, request forms must be received a minimum of 21 days prior to an *approved* sanctioned event. Events that have not been approved by Triathlon BC's Sanction Committee will not be issued insurance certificates.

Insurance Request Forms can be emailed to info@tribc.org or faxed to (604) 736-3180.

Note 1: Certificates will not be released until sanction requests have been approved.

Note 2: Previous fees must be resolved prior to the release of certificates.

EVENT INFORMATION (PLEASE PRINT)

Name of Event:

Date(s) of Event:

Location of Event:

Estimated number of participants:

Name of Race Director/Organizer:

TriBC Number (MANDATORY):

Address of Race Director:

City:

Postal Code:

Telephone:

E-mail:

COVID RELATED (PLEASE INITIAL YOUR UNDERSTANDING)

As part of the event's sanction plan, I have provided Triathlon BC with a detailed, up to date COVID-Action Plan for the event listed above.

I have included a COVID Waiver & Release of Liability Waiver as a component of the event's registration process, and require all participants to sign off on the waiver.

If I am hosting a modified event, I understand the following participant guidelines must be abided:

- Consult with a physician before training or participating in an event
- Do not wear headphones as you are not on a closed course
- Review route before running
- Pick route and time to avoid congestion
- Carry a mobile phone as means to connect if you require assistance while running
- Plan route to obtain adequate hydration and nourishment
- Follow Provincial Physical Distancing Guidelines
- Approved Waiver specific to Virtual Running events is signed

PLEASE RETURN COMPLETED FORMS TO TRIATHLON BC:

Email: info@tribc.org

NAMES TO APPEAR AS CO-INSURED (PLEASE PRINT) A CERTIFICATE OF INSURANCE WILL BE EMAILED TO THE RACE DIRECTOR ONLY.

NOTE: Volunteers and business are automatically covered. Unless specifically requested, please do not list all businesses, volunteer groups and sponsors affiliated with the event as co-insured parties.

- 1.) Business Name:
Contact Person:
Relationship to the event:

- 2.) Business Name:
Contact Person:
Relationship to the event:

- 3.) Business Name:
Contact Person:
Relationship to the event:

- 4.) Business Name:
Contact Person:
Relationship to the event:

- 5.) Business Name:
Contact Person:
Relationship to the event:

- 6.) Business Name:
Contact Person:
Relationship to the event:

- 7.) Business Name:
Contact Person:
Relationship to the event:

- 8.) Business Name:
Contact Person:
Relationship to the event:

- 9.) Business Name:
Contact Person:
Relationship to the event:

- 10.) Business Name:
Contact Person:
Relationship to the event:

If additional co-insured parties must be listed, please attach to separate page.

Requests are typically processed in 3 - 5 business days.