



SANCTIONED EVENT – CAS587068-05 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.

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 a COVID-19 Action Plan that meets current Provincial Health Office Guidelines.
- 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

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:

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

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

Please allow up to 5 business days for processing.