



DRYLAND TRAINING INSTRUCTOR

INFORMATION & ACKNOWLEDGEMENT FORM

This form must be provided where an Insurance Certificate has been requested by an OHF Member Partner 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 ACKNOWLEDGEMENT:

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

Signature Date

FOR OFFICE USE ONLY

Date Received:	Approved By:	Signature:
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PLEASE SEND TO GTHL AT:
(FAX) 416-636-2035 OR MFATA@GTHLCANADA.COM