

Clinics

Cowboy Dressage World Clinic or any CDW Mounted Educational Program or Event

Requirements:

INSURANCE AND LIABILITY

- All CDW clinicians must have full liability insurance. Proof must be supplied to CDWPA (1million/2 million)
- All Clinicians must name Cowboy Dressage World LLC as additionally insured.
- Clinic Hosts(if not clinicians or owner of facility) must have liability Insurance and name Cowboy Dressage World as additionally Insured.
- The facility for any clinic must provide proof of insurance to CDW
- The Clinic Facility must name Cowboy Dressage® World as additionally insured.
- A release of liability clause for Cowboy Dressage® World must be included in the release of liability form.
- An electronic copy of all necessary insurance and release of liability for clinics or shows is to be emailed to, Bev Meyers at: bev@cowboyledressageworld.com
- CDWPA Clinician's Ins is to be sent to: Sheryl Strathman at: horseplayX5@sbcglobal.net
- All exhibitors must sign a release of liability that is appropriate for each state.
- No Clinics can be held without presentation of Insurance and Liability release.
- Any Cowboy Dressage World Event not complying with required Insurance and Liability requirements will not be sanctioned or recognized by Cowboy Dressage World LLC
- Any Cowboy Dressage World event that does not comply with the Insurance and Liability requirements will not be allowed to use the name or any of CDW properties. (tests, court, etc)
- If requirements are not met the Cowboy Dressage World will not support or be liable for any accident, injury, death or disputes that may happen during event.

Date Submitted _____

Submitted By _____ contact: _____

Name of Event _____

Date _____

Location Name _____

Location Address _____

Host Name _____

Host email and phone _____

Host Address _____

Facility Manager/Owner _____

Address _____

Contact information email and phone _____

FOR CDW:

Provided (please check)

Host Insurance _____ CDW Additionally Insured _____

Facility Insurance _____ CDW Additionally Insured _____

Clinician Insurance _____ CDW Additionally Insured _____

Release of Liability _____ CDW Additionally Insured _____

Event Approved by: _____

Beverly Meyers, CDW Executive Director

Date of Approval _____

Date Approval sent to event Host or Clinician _____