

I agree to furnish proof of liability insurance at the time of my application. I also agree to renew my liability insurance at the time of my CDWPA yearly renewal. I am aware that failure to comply will result in my termination as a CDWPA ambassador or CDW clinician.

I am also aware that it is my responsibility as a CDW professional to assure that the location I am a CDW clinician or judging at is insured and provides proof of insurance. It is also my responsibility to assure the CDW event host has liability insurance and provides proof of insurance.

CDW address:

Wolf Creek Ranch
15416 Norvin Way
Grass Valley CA 95949

Signed: _____

Date: _____

Mail to:

Sheryl Strathman
4545 SW Indian Hills rd.
Topeka KS 66610
Email: horseplayx5@gmail.com