

I agree to furnish proof of liability insurance naming Cowboy Dressage World as additionally insured 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 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 _____ :

Lyn Ringrose Moe. P.O. Box 207 Clements, CA 95227

Signed: _____

Date: _____

Mail or Email _____ to

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