



# DRYLAND TRAINING INSTRUCTOR

## INFORMATION & ACKNOWLEDGEMENT FORM

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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