

392 Teal Road, Kamloops, BC V2H 1S5

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## BCTRA Approval Form & Insurance and COVID-19 Agreement

Name of Roping	
Arena Location	
Roping Date(s)	
Roping Format:	
	Rope at:
Contact name:	Phone:
	host(s) of the BCTRA approved roping agrees to and understands the insurance (s), as well as the COVID-19 guidelines, according to the B.C. Health guidelines.
Policy:	
approved by the BCTRA and the office i	d Horse Council Membership or your insurance is void. The roping must be prenust have a copy of the signed agreement, prior to the roping, or your insurance will any practice time or any other event that is not an approved team roping.
COVID-19: All B.C. Health guidelines m	ust be strictly enforced during the approved event. Visit
https://www.worksafebc.com/en/about- details and protocols.	us/covid-19-updates/covid-19-returning-safe-operation/sports-recreation for full
l	have read, understood and agree to the insurance policy.
Signature:	Witness:
Date signed:	Date signed:
For office use only: Signature:	Date Received: