



# Winter Active for Life Insurance Confirmation Form

I, \_\_\_\_\_, am authorized to sign upon behalf of my organization, \_\_\_\_\_.

By way of my signature, I declare that:

1. Our Winter Active for Life programming and activities are sanctioned by our organization, recreation department, First Nation, school, school council, or community club.
2. Activities delivered with support from the Recreation and Parks Association of the Yukon's (RPAY) Winter Active for Life program are covered under our Insurance Policy.
3. My organization makes no assumption of risk or liability under RPAY's Insurance Policy related to the aforementioned activities.

Name of Organization:

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## **Authorized Representative**

Name:

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Title:

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Signature:

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Insurance Policy Provider:

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Date Signed:

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