



Athletics Alberta

11759 Groat Road, Edmonton, AB T5M 3K6

Ph: (780) 427-8792 • Fax: (780) 427-8899

Email: info@athleticsalberta.com • Website: www.athleticsalberta.com

Run Alberta Series Application

**PLEASE NOTE: Athletics Alberta's Sanctioning Fees and Insurance Fees are
NOW ONE COMBINED FEE
To determine your total estimated fee [CLICK HERE.](#)**

Please complete the following Run Alberta Series Application and submit to the Athletics Alberta office Prior to your event

Name of Race: _____

Date: _____

Distance(s): _____

Location: _____

Website: _____

Results Website: _____

The event must identify that it is **sanctioned by Athletics Alberta.**

All entry forms and promotional brochures are to include the **Run Alberta Series logo or the Athletics Alberta Logo.**

Race Director: _____

Address: _____
(Street) (City) (Postal Code)

Phone: _____ **Fax:** _____

Email: _____

Section 1: Course Information & Measurement

Distance: _____ Laps Out & Back Point to Point

Course surface(s): _____

Location of the course including start and finish (Please provide detailed maps of the course for technical assessment)

OPTIONAL:

COURSE MEASUREMENT CERTIFICATION (Records and Rankings are only valid on certified courses)

Is your course Certified Yes No Certification Code: _____

To attend a **Free Athletics Canada/Run Canada Certified Measurement Course** and become a Level "C" Course Certifier ([Click Here](#))

Section 2: Race Categories & Distances

Masters (40 and over) Men Women Distance: _____

Senior (20 and over) Men Women Distance: _____

Junior (19 and under) Men Women Distance: _____

Juvenile (17 and under) Men Women Distance: _____

Other: _____ Men Women Distance: _____

Section 3: Medical Support & Emergency Action Plan

Medical Coordinator on the Organizing Committee: _____

Who will be providing medical support at the competition: _____

Medical Support will be available on site: from _____ am/pm to _____ am/pm

Name of closest Medical Facility: _____

Section 4: Insurance Coverage

C/O Athletics Alberta, 11759 Groat Road, Edmonton, Alberta T5M 3K6 T:(780) 427-8836 F:(780) 427-8899
 Attn: Sheryl Mack Email: info@athleticsalberta.com

CERTIFICATE OF INSURANCE REQUEST FORM

BFL CANADA WILL ISSUE THE CERTIFICATE ONCE THIS REQUEST FORM IS RECEIVED BY ATHLETICS ALBERTA

This is to certify to:
 (Name of entity requesting proof of insurance) _____

Address: _____

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

Name of Insured:

ATHLETICS CANADA
 2445 St-Laurent Blvd., Suite B1-110, Ottawa, Ontario K1G 6C3

and: **ATHLETICS ALBERTA**
 11759 Groat Road, Edmonton, Alberta T5M 3K6

and: _____

Name of Organization: _____

Name of Contact: _____ Tel. No.: _____ Fax No.: () _____

Web site: _____

Description of Event(s): _____

LOCATION: _____

Date(s): _____

Type	Insurer	Policy n°	Policy Period	Limits - Amounts of Insurance
Commercial General Liability Insurance	Everest Insurance Company of Canada	E2SB000123	April 1, 2019	\$5,000,000(Can.) Per occurrence
			to March 31, 2020	\$5,000,000(Can.) Tenant's Legal Liability

PLEASE INCLUDE A COPY OF THE LEASE AGREEMENT / CONTRACT IF ANY

ADDITIONAL INSURED (LEGAL NAME):	IF ADDITIONAL LIST ATTACHED, PLEASE CHECK <input type="checkbox"/>
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED DESCRIBED ABOVE. THE CERTIFICATE APPLIES TO THE MEMBERS AND AUTHORIZED PERSONNEL OF THE INSURED WHILE OPERATING WITHIN THE SCOPE OF THEIR DUTIES AND APPLIES ONLY TO THE DATES OF THE EVENT AS MENTIONED ABOVE.

This certificate request form has been approved by: _____
 AUTHORIZED REPRESENTATIVE – Athletics Alberta

Section 5: Awards, Schedule & Entry Fees

Please attach a copy of your entry form/ registration package and any other pertinent information.

Do you currently provide a discount to Athletics Alberta Members yes Amount _____ no

Awards details: _____

Section 8: Results, Identity & Reporting

- **A complete set of standardized race results and your Final Race Report** must be submitted to Athletics Alberta no later than **2 weeks after your event** or race series has concluded. If your results and final report does not reach Athletics Alberta, you will forfeit your \$150.00 race deposit.

Race results and final event report to be forwarded electronically to: info@athleticsalberta.com

Section 8: Race Director

I, _____ on behalf of the Organizing Committee, declare that all qualifications for a sanctioned race have been met and that all rules (IAAF, Athletics Canada and Athletics Alberta) will be adhered to.

Signature: _____

Date: _____