2019 National Water and Wastewater Conference



Indemnification and Hold Harmless Form

Each exhibitor must maintain in force, insurance that meets the minimum requirements set out in the show Rules and Regulations. Exhibitors who have not submitted the paperwork required will not be permitted into the tabletop space. In order to exhibit at the National Water and Wastewater Conference you are required to:

- **EITHER** submit a certificate of insurance confirming the insurance requirements are met
- > OR complete and return this form

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Name of Company:								
Scope of Work:	Exhibiting at the 2019 National Water and Wa	stewater Conference						
Location:	Fairmont Banff Springs Conference Centre							
Exhibit Dates:	November 3 – 6, 2019							
any member of the C affiliates and associa liability, damages, los suit, claim demand, j	protect, indemnify, defend and hold harmless the conference Organizing Committee for the Nationa tes, <i>Taylor & Associates</i> , and the Fairmont Banff Sases and expenses including attorney's fees, hows audgment or cause of action initiated by any persocut of the performance of	I Water and Wastewater Conference, their prings Conference Centre from all claims, oever the same may be caused by reason of any or entity arising or alleged to have arisen						
EITHER forward a cei	nce must be carried at the expense of the exhibiting tificate of the insurance coverage (as outlined be 3, 2019 by email to <i>Taylor & Associates</i> at ataylor	low) OR return a signed copy of this form no						
while they ar 2. Commercial including Cor	pensation and Employer Liability Insurance covering all of its employees and representatives e performing work in the Fairmont Banff Springs Hotel premises. General Liability Insurance, written on an "occurrence" basis and not on a "claims made" basis, tractual Liability and Automotive Liability Insurance with minimums of \$2,000,000 for each nside exhibitors only).							
for the National Wat	dian Water and Wastewater Association, any mer er and Wastewater Association, <i>Taylor & Associat</i> med as additional insured.	5 5						
Authorizing Officer's	Name (please print)	Title:						
	Signature:							
	Return this form, no later than Octobe	r 18. 2019 to:						

NWWC 2019

c/o Taylor & Associates Tel: 613-834-7568

Email: ataylor@taylorandassociates.ca