

Exhibit C

PINE RIDGE PROPERTY OWNERS ASSOCIATION, INC.  
5690 W. PINE RIDGE BOULEVARD  
BEVERLY HILLS, FLORIDA 34465

Date \_\_\_\_\_

Subject: Trainer/Group Activity Instructor Registration Form

After consultation with our attorney and insurance carrier, the Board of Directors has directed that all persons providing instruction to our residents utilizing Pine Ridge facilities furnish a certificate of insurance naming Pine Ridge POA as additional insured as proof of general commercial liability insurance in the amount of \$1,000,000 and as specified by the PRPOA Property Manager. A list of the persons to whom they are providing instruction must also be furnished to the PRPOA Property Manager. These forms shall be provided annually or immediately upon addition of new students. Failure to provide this information shall result in the individual losing the privilege of utilizing the facility. I understand that the PRPOA Property Manager may limit the number of trainers and that my training privilege may be revoked with thirty (30) days written notice.

Please complete the following:

INSTRUCTOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

LIABILITY INSURANCE: COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

COVERAGE \_\_\_\_\_

TYPE OF INSTRUCTION \_\_\_\_\_

STUDENT INFORMATION

_____	_____	_____
Name	Address	Phone

_____	_____	_____
Name	Address	Phone

I certify that I will maintain adequate liability insurance and provide proof of same to Pine Ridge Property Owners Association, Inc. Management. Further, I have received a copy of the Pine Ridge Estates Community Center Complex Use Policy and agree to abide by the terms of the policy.

\_\_\_\_\_  
Signature

