

**Form 528 (C) CERTIFICATION OF INSURANCE BY VENUE REPRESENTATIVE**

1. \_\_\_\_\_  
(Name of the Representative) Title \_\_\_\_\_

2. \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_O'clock \_\_\_\_m.  
(Date of Event)

3. Location of the event:

\_\_\_\_\_  
Name of the Venue  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone number of Venue/Representative

4. \_\_\_\_\_  
Name of Insurer  
\_\_\_\_\_  
Policy Number  
\_\_\_\_\_  
Coverage Amount  
\_\_\_\_\_  
Type of Policy

5. By signing below, I hereby certify the following:

- a. That I am either the owner or manager of the venue noted above, and I am authorized to execute this document on behalf of the venue;
- b. The policy set forth under paragraph 4 above will be in full force and effect on the date of the wrestling event noted above;
- c. That I understand neither the Louisiana State Boxing and Wrestling Commission, nor its Deputies or employees will be in attendance at the event, nor will they be involved in the supervision of the event;

- d. That, pursuant to LSA-R.S. 83 (B) the Louisiana State Boxing and Wrestling Commission cannot be held liable for any damages or injuries suffered during the event;
- e. That I understand the promoter is NOT required to have any of the following at the event, and, unless other arrangements are made by me NONE of the following will be on location during the event: Physician; Paramedics; or Ambulance

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Signature

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Date

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Printed name

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Title