



**COMPLIANCE WITH THE NEW BRUNSWICK  
OCCUPATIONAL HEALTH AND SAFETY ACT  
AT THE ATLANTIC MOTORCYCLE & ATV SHOW**

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***I HEREBY UNDERTAKE THAT I HAVE READ AND UNDERSTOOD THE MEMO "IMPORTANT EXHIBITOR INFORMATION NEW BRUNSWICK OCCUPATIONAL HEALTH & SAFETY ACT" AND THAT MY COMPANY AND ASSOCIATED CONTRACTORS WILL COMPLY WITH THESE DIRECTIONS AND THE REGULATIONS AS SET FORTH IN THE OCCUPATIONAL HEALTH & SAFETY ACT***

**BY SIGNING BELOW, YOU AGREE WITH WORKERS COMPENSATION IN YOUR LOCAL JURISDICTION**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS DOCUMENT TO THE ATLANTIC MOTORCYCLE & ATV SHOW, FAX 506-658-0750, PRIOR TO MOVE-IN.**