

Workers' Compensation Certificate

I, _________(the "Undersigned") do hereby represent that (1) I am a horse trainer who desires to bring one or more horses onto the premises at 777 Winners Way, Oak Grove, KY 42262, known as Oak Grove Racing, Gaming & Hotel ("Racetrack"), for the purpose of lodging, training and racing such horse(s) at the Racetrack; (2) I have no employees who work for me to assist with caring for, training, racing or in any manner working with such horse(s); and (3) because I have no employees who work for me, I do not maintain Workers' Compensation insurance applying to any employees. I understand, however, that if I do hire any employees during the time I have horse(s) at the Racetrack, I am required to maintain Workers' Compensation insurance and to provide the Racetrack with a copy of an insurance certificate evidencing the Workers' Compensation coverage.

Undersigned:

Signature

Print Name

Date