SANCTIONED AND REQUIRED BY:

THE ROYAL CANADIAN LEGION - ONTARIO COMMAND

**RELEASE, WAIVER AND INDEMNITY**

IN CONSIDERATION of the acceptance of my application and the permission to participate as an

entrant or competitor in the

**2018 ROYAL CANADIAN LEGION DISTRICT “H” TRACK MEET**

I, for myself, my heirs, executors, administrators, successors and assigns

HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE

The Royal Canadian Legion - Ontario Command

The Royal Canadian Legion District H

The Greater City of Sudbury

Laurentian University – Laurentian Community Track

And all other associations, sanctioning bodies and sponsoring companies, and all their respective

agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM

ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or

equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER

CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator,

participant, competitor or otherwise; whether prior to, during or subsequent to the event AND

NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of

any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO

INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of

those arising as a result of, or in any way connected with my participation in the said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND

AGREED to the above WAIVER, RELEASE AND INDEMNITY.

I WARRANT that I am physically fit to participate in this event.

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Date Print Name Signature

(If under 18, parent or guardian or Power of Attorney to sign below.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Print Name Signature of Legal Guardian.

Athlete’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number and Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURN ALL THREE (3) WAIVERS TO :CHRIS PETERS

[PETERS.DISTRICT.H@GMAIL.COM](mailto:PETERS.DISTRICT.H@GMAIL.COM)

OR FAX 705-222-5717