



## Blue Devils Athletic Club Running Program Liability Waiver & Informed Consent Form

"My child(ren),	(child(ren)'s name), has enrolled in a
specialized running program through Blue Devils Athleti	c Club. I recognize that the program may involve
strenuous physical activity. I hereby affirm that my child	(ren) is in good physical condition and does not
suffer from any known disability or condition which wou	
program." "In consideration of my child(ren)'s participation	
	by release Blue Devils Athletic Club and its
agents from any claims, demands, and causes of action as	
fully understand that my child may injure his/ herself as	
I, hereby releasing liability now or in the future for conditions that my c	ase flue Devils Athletic Club and its agents from
but are not limited to; heart attacks, muscle strains, musc	
heat prostration, injuries to the knee, the back, to the foot	or soreness that my child may incur including
death."	
I HAVE READ AND FULLY UNDERSTAND THE AF	SOVE STATEMENTS.
Print Name of Minor Child(ren)	
Parents Signature	
Parents Name	
Date:	_
Photo Release	W/-:
Photo Release	waiver
I hereby grant permission to the Blue Devils Athletic Cluphotograph or video my child(ren)'s image. I hereby gran retouch such photographs or videos, and waive any right to and permit photographs of my child(ren) to be used by including educational and advertisement purposes, and ir understand that the Blue Devils may use such photograph further waive any claim for compensation of any kind for photographs of my child(ren) (if applicable). I acknowled have read this entire document, that I understand its term knowingly and voluntarily on behalf of my child(ren). I HAVE READ AND FULLY UNDERSTAND THE AE	at permission to the Blue Devils to edit, crop, or to inspect the final photographs. I hereby consent the Blue Devils worldwide for any purpose, any medium, including print and electronic. I as with or without associating names thereto. I the Blue Devils' use or publication of alge and represent that I am over the age of 18, and provisions, and that I have signed it BOVE STATEMENTS.
Parents Signature	
Parents Name	
Deter	





## Minor Track Association of Ontario and Athletics Ontario Power of Attorney

This power of attorney is given on the day of, 2019 by
(name of "Donor") of the CITY of TORONTO in MUNICIPALITY of CITY OF TORONTO.
Appointment of Attorney I appoint TRISTAN MARKOV of the CITY of TORONTO in MUNICIPALITY
of CITY OF TORONTO to be an Attorney in accordance with the Power of Attorney act and to do in my
behalf anything that I can lawfully do by as Attorney. This Power of Attorney is subject to the following
conditions and restrictions. This Power of Attorney shall only apply to enable said Attorney to execute said
entry forms, waivers and other documents as shall be required to permit (insert name of
athlete), Age (insert age of athlete) of whom I am the (insert name of either Mother,
Father or Legal Guardian) to participate in any event sponsored or sanctioned by the Minor Track
Association of Ontario and/or Athletics Ontario during the year 2019 (insert year) ending December 31st,
inclusive. I herby acknowledge that by signing said entry forms, waivers and other documents that any
Attorney(s) may WAIVE ANY AND ALL CLAIMS that said (insert name of
athlete) or his or her heirs, executors, contractors, representatives, successors and assigns with regards
ANY demands, damages, costs, expenses, actions and causes of actions, where in law or equity, in respect
of death, injury, loss or damage to the said (insert name of athlete) or to his property,
HOWEVER CAUSED arising or to arise by reason of said (insert name of athlete)
participation in any Minor Track Association and/or Athletics Ontario sponsored or sanctioned event in the
said 2017 (insert year) calendar year, whether prior to, during or subsequent to any such event and
NOTWITHSTANDING that some may have contributed to or occasioned by the negligence of any of the aforesaid.
Note: Signature of Parent or Legal Guardian verifies that you have read and agree to the above.
Signature of Witness Signature of Parent/Legal Guardian