



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 Athletic	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 would prevent or limit his/her participation in the program." "In consideration of my child(ren)'s participation in the running program I,				
				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 a result of his/ her participation in the program and				
I, hereby releasing liability now or in the future for conditions that my ch	ise Blue Devils Athletic Club and its agents from			
but are not limited to; heart attacks, muscle strains, muscle				
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 ABO	OVE STATEMENTS.			
Print Name of Minor Child(ren)				
Parents Signature				
Parents Name				
Date:	-			
Photo Release	Waiver			
I hereby grant permission to the Blue Devils Athletic Club photograph or video my child(ren)'s image. I hereby grant 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 in understand that the Blue Devils may use such photographs further waive any claim for compensation of any kind for photographs of my child(ren) (if applicable). I acknowledghave read this entire document, that I understand its terms knowingly and voluntarily on behalf of my child(ren). I HAVE READ AND FULLY UNDERSTAND THE ABOUT AND THE ABOUT AN	spermission to the Blue Devils to edit, crop, or o inspect the final photographs. I hereby consent the Blue Devils worldwide for any purpose, any medium, including print and electronic. I swith or without associating names thereto. I the Blue Devils' use or publication of ge and represent that I am over the age of 18, and provisions, and that I have signed it			
Print Name of Minor Child(ren)				
Parents Signature				
Parents Name				
Detail				





Minor Track Association of Ontario and Athletics Ontario Power of Attorney

This power of attorney is given on the day of	, 2020 by	
(name of "Donor") of the CITY of TORONTO in M		
Appointment of Attorney I appoint TRISTAN MAR	KOV of the CITY of TORONTO in MUNICIPALITY	
of CITY OF TORONTO to be an Attorney in accord	lance with the Power of Attorney act and to do in my	
behalf anything that I can lawfully do by as Attorney	7. 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	
	e required to permit (insert name of	
athlete), Age (insert age of athlete) of whom		
Father or Legal Guardian) to participate in any even		
Association of Ontario and/or Athletics Ontario duri		
herby acknowledge that by signing said entry forms,		
may WAIVE ANY AND ALL CLAIMS that said _	(insert name of athlete) or his	
or her heirs, executors, contractors, representatives,		
	ons, 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		
NOTWITHSTANDING that some may have contribution aforesaid.	outed to or occasioned by the negligence of any of the	
Note: Signature of Parent or Legal Guardian verifies	that you have read and agree to the above	
Note: Signature of Farent of Degar Guardian verifies	that you have read and agree to the above.	
Signature of Witness Signature	re of Parent/Legal Guardian	