SANCTIONED AND REQUIRED BY: ATHLETICS ONTARIO

**RELEASE, WAIVER AND INDEMNITY**



IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant or competitor in the

**Phoenix Athletic Autumn Cross Country Meet**

I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE:

**ATHLETIC ONTARIO**

**ATHLETICS ONTARIO OFFICIALS**

**MUNICIPALITY OF METROPOLITAN TORONTO**

**BIRCHMOUNT STADIUM**

**CHIPTIMER RESULTS**

**PHOENIX ATHLETICS ASSOC.**

**BILL STEPHENS**

**(Alan Baigent)**

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 them 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 and I AGREE to withdraw from the race if so requested by the designated medical officer.

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PRINT NAME SIGN DATE

If under 18 years, Parent, Guardian, or Power of Attorney to sign below:

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