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 **Track North "Black Flies" Track and Field Meet on May 5, 2023**

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

Athletics Ontario Officials

Track North Athletic Club, Laurentian University, City of Greater Sudbury

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.

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.

event.	curred by any or all or them ansing as a result or,	or in any way connected with my participation in the sai
	NT that I am physically fit to participate in this even	FOOD AND AGREED to the above WAIVER, RELEASE ent and I AGREE to withdraw from the race if so
Date	Print Name	Signature
If under 18 years, Parent or	Guardian or Power of Attorney to sign below.	
Date	Print Name	Signature
Canada. Administered by the athletes or athlete support pe aware that the CADP applies part of my registration of this	ed the 2009 Canadian Anti-Doping Program (CAD e Canadian Centre for Ethics in Sport (CCES), the ersonnel, who are registered for and participate in	
Date	Print Name	Signature
If under 18 years, Parent or	Guardian or Power of Attorney to sign below.	
 Date	Print Name	Signature