

**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

**2023 ROYAL CANADIAN LEGION ONTARIO SUMMER CHAMPIONSHIPS**

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

HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE

**The Royal Canadian Legion - Ontario Command  
City of Brampton  
Terry Fox Track and Field Complex  
9050 Bramalea Rd, Brampton, ON**

And all other associations, sanctioning bodies, 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.

(Please print carefully)

_____ Date	_____ Print Name	_____ Signature
---------------	---------------------	--------------------

(Parent or guardian or Power of Attorney to sign below.)

_____ Date	_____ Print Name	_____ Signature of Legal Guardian
---------------	---------------------	--------------------------------------

Athletes Date of Birth: \_\_\_\_\_

Athletes Address: \_\_\_\_\_

Athletes Telephone Number: \_\_\_\_\_

Athletes Email Address: \_\_\_\_\_



**ROYAL CANADIAN LEGION  
ONTARIO PROVINCIAL COMMAND**

I, the undersigned, grant to The Royal Canadian Legion, Ontario Provincial Command permission to use images of me photographed at the 2023 Summer Track and Field Championships for purposes of display, ceremonies, publication and digital representation and other purposes in relation to the promotion of The Royal Canadian Legion and/or the Legion Provincial Track and Field Championships. I also give consent for the free use of my name and/or picture in any broadcast, telecast or other account of the above event.

\_\_\_\_\_  
Name of Athlete (please print)

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

# Legion National Championship Sherbrooke QC, 8<sup>th</sup> – 14<sup>th</sup> Aug 2023

## TRACK SUITS FOR NATIONAL MEET PLEASE PRINT CAREFULLY

ATHLETES NAME: \_\_\_\_\_

ATHLETES HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENTS CELL# \_\_\_\_\_ ATHLETES CELL# \_\_\_\_\_

ATHLETES EMAIL \_\_\_\_\_

PARENTS EMAIL: \_\_\_\_\_

HEALTHCARD # \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

HC Checked (Legion Use Only)	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------	--------------------------	--------------------------

If chosen for the Ontario Team, you will be notified by email.

**GENDER:**    **MALE**    ☐        **FEMALE**    ☐

### CIRCLE APPROPRIATE SIZE FOR EACH ITEM

	SM	MED	LG	X-LG	XX-LG	XXX-LG	Men's/Ladies
<b>SINGLET -</b>	SM	MED	LG	X-LG	XX-LG	XXX-LG	M / L
<b>JACKET -</b>	SM	MED	LG	X-LG	XX-LG	XXX-LG	M / L
<b>PANTS -</b>	SM	MED	LG	X-LG	XX-LG	XXX-LG	M / L

I understand that if I go with the Ontario Team, I must stay for the entire week until after the banquet. Athletes who withdraw from the National Championships without authorization from the Sports Committee Chair will be liable for all transport, room and board, and registration costs incurred for the athlete to attend the Championships from the first day of the event to the last day of the event.

I understand that if I refuse to run in a relay at the National Meet, I will have no further events.

SIGNATURE: \_\_\_\_\_

**PLEASE ENSURE THAT THESE ARE THE CORRECT SIZES THAT YOU WISH TO HAVE AS THERE WILL BE NO SUBSTITUTIONS AT THE NATIONAL MEET.**

# Legion National Championship Sherbrooke QC, 8<sup>th</sup> – 14<sup>th</sup> Aug 2023

Additional Events  
**PLEASE PRINT CAREFULLY**

ATHLETES NAME: \_\_\_\_\_

ATHLETES HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENTS CELL# \_\_\_\_\_ ATHLETES CELL# \_\_\_\_\_

ATHLETES EMAIL \_\_\_\_\_

PARENTS EMAIL: \_\_\_\_\_

If chosen, are you willing to run in a relay? Circle **YES NO**

What events would you be willing to compete in?

Event _____	Seed _____
Event _____	Seed _____
Event _____	Seed _____

Do you have equipment Poles/Javelins? Circle **YES NO**

\_\_\_ Poles (max)                      \_\_\_ Javelins (max)

-----