RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION of the acceptance of my application and the permission to participate as a participant in the

Throwers Club Throws Clinics December 13 &/OR December 14, 2025

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

Athletics Ontario The Throwers Club Bolton Pole Vault

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 the aforesaid from and against 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.

_____

Date Print Name Signature If under 18 years of age
Parent, Guardian or Power of Attorney sign below

_____

Date Print Name Signature

MEDIA CONSENT

I hereby authorize any images or video footage taken of myself, in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Throwers Club or Athletics Ontario websites, and to be used for media purposes including promotional presentations and marketing campaigns by the organizers. I also authorize any media material created by myself within, or for, Athletics Ontario over the course of the 2025 season. I waive rights to privacy and compensation, which I may have in connection with such use of my name and likeness, including rights that may be created in connection with video production, editing and promotion therewith.

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Date Print Name Signature
If under 18 years, Parent or Guardian or Power of Attorney to sign below.

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Date Print Name Signature of Parent or Guardian or Power of Attorney