## 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

## 2016 Hamilton Twilight Meets

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

Athletics Ontario, Athletics Ontario Officials, Harbour Track, McMaster University, Paula Schnurr, City of Hamilton

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 actions, 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 INEMNIFY 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.

Date	Print Name	Signature
Date	r i iiit Naiile	6
		(If under 18 years, Parent or Guardian
		or Power of Attorney to sign below)
Date	Print Name	Signature of Parent or Guardian or Power of Attorney
<b>Canadian</b> An	ti-Doping Program	n (CADP)
of rules that a Sports (CCES support perso acknowledge Completion o event. By par information,	govern doping contr ), the CADP applies t onnel, who are regis that I am aware tha of an online educatio ticipating in this eve	e 2009 Canadian Anti-Doping Program (CADP), which is the set rol in Canada. Administered by the Canadian Centre for Ethics in to all individuals, whether in the role of athletes or athlete stered for and participate in this event. By signing below, I at the CADP applies to me and that I am subject to the CADP. on course may be required as part of my registration to this ent, I consent to the application of the CADP to me. For further ete Zone on the CCES website <u>www.cces.ca/athletezone</u>
Date	Print Name	Signature (If under 18 years, Parent or Guardian or Power of Attorney to sign below)

Date