

**WAIVER TO THE MEET FOR EACH ATHLETE**  
**SANCTIONED AND REQUIRED BY:**  
**THE ROYAL CANADIAN LEGION - ONTARIO COMMAND**  
**RELEASE, WAIVER, PHOTO WAIVER AND INDEMNITY**

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

**2017 ROYAL CANADIAN LEGION DISTRICT F 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 Oshawa  
Durham Dragons Athletics Club

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 negligence

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, and I authorise photos of me to be taken at this meet for press release purposes and for the Legion Magazine

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Date	Print Athlete Name	Athlete Signature
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**Athlete Date of Birth** \_\_\_ day \_\_\_ month \_\_\_ year **MALE**\_\_\_**FEMALE**\_\_\_

Phone # \_\_\_\_\_ **E-Mail** \_\_\_\_\_ Please print clearly

**If selected to the Dist. F Team, I will compete Jul 14/15 in Windsor (Yes/No) circle one**

**If selected, I will board Bus at Belleville** \_\_\_ **Colbourne** \_\_\_ **Port Hope** \_\_\_ **Pickering**\_\_\_

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

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Print Name	Signature of Legal Guardian.	Email or contact number
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