



RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION of the acceptance of our application and the permission to participate as entrants or competitors in the

CHRISTIAN YOUTH SPORTS ACADEMY (CYSA)

Sunday, August 13, 2017

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

CHRISTIAN YOUTH SPORTS ACADEMY (CYSA)

**ALL Board of Directors Members
All Members of the Planning Committee
Esther Shiner Stadium - City of Toronto**

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 our persons or property HOWSOEVER CAUSED, arising or to arise by reason or our participation in the said event, whether as a spectator, participant, competition 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.

WE 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.

BY SUBMITTING this ENTRY, WE ACKNOWLEDGE HAVING READ UNDERSTOOD AND AGREED to the above
WAIVER, RELEASE AND INDEMNITY.

WE WARRANT that we are physically fit to participate in this event.

Coach / Team Manager:

Church (es):

Email:

Date:



Photo Release Authorization:

1. If you have any athlete(s) that will not authorize CYSA to use their photo, please have them complete the form below. Coach must submit the completed form(s) at the morning coaches meeting that is held before the track meet after the March Pass.

*Please make copies for athletes **NOT** authorizing CYSA to use their photo.
Please hand in the form below before the final relays.*

Name of Athlete: (PRINT) _____

Attending Church Registered with: _____

Athlete Bib Number: # _____

This is to allow CYSA to use any photos of our athletes to promote CYSA events.

Please print all information clearly.

Name of Church: (PRINT) _____

Pastor of Church: _____

Name of Coach: _____

Name of Assistant Coach: _____

Name of Assistant Coach: _____

Bib Number: From # _____ To #: _____