

Minor Track Association of Ontario

Power of Attorney

This power of attorney is given on the _____ day of _____ (insert the month, year) by _____ (name of "Donor") of the _____ (insert the word Town, City, etc.) of _____ (insert name of Community) in the _____ (insert the word "Municipality", "Regional Municipality", etc.) Of _____ (insert the name of the Municipality, Regional Municipality, etc.).

Appointment of Attorney

I appoint Julius Palladino, of the City of Toronto; and/or any administrator of the "Etobicoke Track and Field Clubs", to be Attorney(s) in accordance with the Power of Attorney Act and to do in my behalf anything that I can lawfully do by as Attorney.

This Power of Attorney is subject to the following conditions and restrictions.

This Power of Attorney shall only apply to enable said Attorney to execute said entry forms, waivers and other documents as shall be required to permit _____ (insert name of athlete), Age _____ (insert age of athlete) of whom I am the _____ (insert name of either Mother, Father or Legal Guardian) to participate in any event sponsored or sanctioned by the Minor Track Association of Ontario during the year 2017, ending December 31st, inclusive. I hereby acknowledge that by signing said entry forms, waivers and other documents that any Attorney(s) may WAIVE ANY AND ALL CLAIMS that said _____ (insert name of athlete) or his or her heirs, executors, contractors, representatives, successors and assigns with regards ANY demands, damages, costs, expenses, actions and causes of actions, where in law or equity, in respect of death, injury, loss or damage to the said _____ (insert name of athlete) or to his property, HOWEVER CAUSED arising or to arise by reason of said _____ (insert name of athlete) participating in any Minor Track Association sponsored or sanctioned event in the said 2017 calendar year, whether prior to, during or subsequent to any such event and NOTWITHSTANDING that some may have contributed to or occasioned by the negligence of any of the aforesaid.

Note: Signature of Parent or Legal Guardian verifies that you have read and agree to the above.

Signature of Witness

Date:

Signature of Parent/Legal Guardian

Date:

Printed Name of Witness

Date:

Printed Name of Parent/Legal Guardian

Date: