

ATHLETICS ONTARIO - POWER OF ATTORNEY for use in 2017

TO BE COMPLETED ONLY IF YOU WISH TO APPOINT A POWER OF ATTORNEY

**(The Power of Attorney is used to allow you, the Donor (either athlete or parent/guardian of athlete), to appoint a person or persons to be your attorney and to sign Athletics Ontario entry forms, waivers, etc. on your behalf)
SUBMIT THIS FORM TO YOUR CLUB REGISTRAR**

This Power of Attorney is given on the _____ (insert day) day of _____ (insert month), _____ (insert year) by _____ (Name of Donor) of the _____ (insert word Town, City, etc.) of _____ (insert Name of Town, City, etc.) in the _____ (insert word Municipality, Regional Municipality, etc.) of _____ (insert Name of Municipality, Regional Municipality, etc.).

I appoint _____ (Attorney(s)) of the _____ (insert word Town, City, etc.) of _____ (insert Name of Town, City, etc.) in the _____ (insert word Municipality, Regional Municipality, etc.) of _____ (insert Name of Municipality, Regional Municipality, etc.) (jointly, or jointly and severally,) to be my attorney(s) in accordance with the Powers of Attorney Act and to do on my behalf anything that I can lawfully do by an Attorney.

This power of attorney is subject to the following conditions and restrictions: This Power of Attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers and other documents as may be required to permit me to participate in any event sponsored or sanctioned by Athletics Ontario during the 2017 calendar year commencing January 01 and ending on December 31 inclusive.

I hereby acknowledge that by signing such entry forms, waivers and other documents that my attorney(s) may WAIVE ANY AND ALL CLAIMS that I, my heirs, executors, administrators, successors and assigns may have against Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns with regard to ANY 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 any Athletics Ontario sponsored or sanctioned event in the said 2014 calendar year, whether prior to, during or subsequent to any such event and NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid.

PARENT/GUARDIAN (FOR UNDER AGE ATHLETES - UNDER 18 YEARS OF AGE AS OF JANUARY 1, 2017):

This power of attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers and other documents as may be required to permit _____ (insert name of athlete) Age _____ (insert age) of whom I am the _____ (insert either father, mother or legal guardian) to participate in any event sponsored or sanctioned by Athletics Ontario during the 2017 calendar year commencing January 01 and ending on December 31 (inclusive). I hereby acknowledge that by signing such entry forms, waivers and other documents that my attorney(s) may WAIVE ANY AND ALL CLAIMS that the said _____ (insert name of athlete) or his/her or my heirs, executors, administrators, successors and assigns may have against Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns with regard to ANY demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to the said _____ (insert name of athlete), or to his/her property HOWSOEVER CAUSED arising or to arise by reason of said _____'s (insert name of athlete) participation in any Athletics Ontario sponsored or sanctioned event in the said 2017 calendar year, whether prior to, during or subsequent to any such event and NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid.

NOTE: SIGNATURE OF ATHLETE AND/OR PARENT/GUARDIAN VERIFIES THAT YOU HAVE READ AND AGREED TO THE ABOVE.

SIGNATURE OF ATHLETE (DONOR)
(If Donor is 18 or older)

(SIGNATURE OF PARENT/GUARDIAN (DONOR)
(If Donor is under age 18)

We are the witnesses to this Power of Attorney. We have signed this Power of Attorney in the presence of the person whose signature appears above, and in the presence of each other, on the date shown above. **Neither one of us is the Attorney, a spouse or partner of the Attorney, a child of the Donor or person whom the Donor has demonstrated a settled intention to treat as a child of the Donor, or is less than eighteen (18) years old.** Neither one of us has any reason to believe that the Donor is incapable of giving a Power of Attorney or making decisions in respect of which instructions are contained in this Power of Attorney.

(1st witness's Signature)

(Name of witness – please print)

(Street Address)

(City, Province, Postal Code)

(Occupation)

(2nd witness's Signature)

(Name of witness – please print)

(Street Address)

(City, Province, Postal Code)

(Occupation)

TO BE BINDING, THIS POWER OF ATTORNEY FORM MUST BE FILLED IN CORRECTLY AND ENTIRELY