



PRESENTED BY : **Canon**

## **Waiver, Release & Indemnification**

In consideration of the acceptance of my application and the permission to participate as a volunteer or competitor in the Mississauga Marathon, and any or all of the following events: the Half Marathon, the Relay Challenge, the 10K, the 2K, Post Race Activities on Saturday May 14<sup>th</sup> and Sunday May 15<sup>th</sup>, 2005 and any other 2005 Mississauga Marathon activities that take place prior to or after the event. I, for myself my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE The City of Mississauga, the Mississauga Police, the Chief of Police, the Mississauga Transit Commission, the Ministry of Transportation of Ontario, the Ontario Roadrunners Association, the Ontario Track & Field Association, all sponsors and contributors, Landmark Sport Group Inc. and its employees and volunteers, the Mississauga Marathon Organizing Committee, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, 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 HOWEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor, volunteer 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 INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them 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 assist/participate in this event.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX # 905.949.4984**