**2023 YUTC Power of Attorney**

This power of attorney is given on the **Choose Day** day of **Choose Month**,**Choose Year** by **“Insert Name of Donor”** of the **Choose City, Village, Town or Hamelt**. of **“Insert name of Community”** in **“Insert the word “Municipality”, “Regional Municipality”)** of **Choose a Municipality**

**Appointment of Attorney:**

I appoint ***Bradley Matheson (Name of Attorney)*** of the Town of  **New Tecumseth** inthe **Municipality** of Simcoe to be an Attorney 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:**

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 **Choose** to participate in any event sponsored or sanctioned by ***The Minor Track Association of Ontario, Athletics Ontario, Ontario Master’s Association, Athletics Canada or any other event attended by the York University Track & Field Club*** during the year **2023** ending December 31st, inclusive. I herby 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** participation in any Minor Track Association, Athletics Ontario, Ontario Master’s Association, Athletics Canada or any other sponsored or sanctioned event in the said **2023** 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.

**Signature of Legal Guardian verifies that you agree to the above.**

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| --- | --- | --- | --- |
| Signature of Witness: | Signature | Signature of Parent.Guardian: | Signature |
| Name of Witness: | Type Name | Name of Parent.Guardian: | Type Name |
| Address of Witness: | Type Address | Address of Parent.Guardian: | Type Address |
| Occupation of Witness: | Type Occupation | Occupation of Parent.Guardian: | Type Occupation |

**To be binding, this form must be correctly and entirely filled in.**