



The Municipality of the
VILLAGE OF VILLAGE OF BURK'S FALLS

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0
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**BURK'S FALLS BALL HOCKEY LEAGUE
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BURK'S FALLS BALL HOCKEY LEAGUE, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Village of Burk's Falls Ball Hockey League in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE the Village from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from or during this activity, **THE FOLLOWING ENTITIES OR PERSONS:**

The Village of Burk's Falls and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that The Village of Burk's Falls and their directors, employees, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants and pedestrians.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name
(Please print legibly.)

Date

Participant/Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign.)

Date



Ball Hockey Program

To organize this program and determine if there is enough interest, please return the registration form **by April 17th, 2019 @ 5PM. Late applications will be placed on a waiting list.** Registration forms will be accepted at the Village of Burk's Falls Municipal Office. This program will run Thursday nights for 6 weeks beginning April 25th, 2019 and ending May 30th, 2019.



All Ages 6:00pm-7:00pm

Located on the ARBF Arena Ice Surface
220 Centre St. Burk's Falls
Cost for 6-week session \$30.00/player



The ice surface will be split to accommodate ALL AGE GROUPS

If you wish to register for the Ball Hockey Program, please complete the application below with your choice clearly marked. Please note that acceptance is on a first come, first served basis for paid registration.

These programs rely on community volunteers. Volunteers are needed for program instruction. Highschool students are welcome to volunteer to obtain volunteer hours.

**The Village of Burk's Falls Office (705) 382-3138
Cash or cheque payable to: The Village of Burk's Falls**

THE BALL HOCKEY PROGRAM REGISTRATION IS TO BE RETURNED TO THE VILLAGE OFFICE
One individual per application form, information collected will be shared with the volunteers.

First Name: _____ Last Name: _____ TEL #: _____

Address: _____ Age as of April 25th, 2019 _____

I give permission for myself/my child to have a team photo taken: YES _____ NO _____

Participant/Parent/Guardian Name: _____ Signature: _____

Participant/Parent/Guardian Email: _____

*****PLEASE PROVIDE AN EMAIL ADDRESS. IT WILL GREATLY IMPROVE THE COMMUNICATIONS BETWEEN ALL PARTICIPANTS*****

EMERGENCY CONTACT DIFFERENT THAN ABOVE:

NAME: _____ TEL#: _____

Are there any allergies or medications that organizers should be aware of while yourself/child is participating in this event? (use the back of paper if necessary).

I'M REGISTERING FOR ALL AGES BALL HOCKEY: Program Payment
 YES___ \$30.00

PARTICIPANT/PARENT/GUARDIAN NAME: _____ SIGNATURE: _____

Incomplete registration forms or registrations without full payment will not be accepted.
Can you be a volunteer for the program you are signing your child up for? YES___ NO___