



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

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0  
P 705-382-3138 • F 705-382-2273 • www.burksfalls.net

**BURK'S FALLS PICKLEBALL PROGRAM  
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 PICKLEBALL PROGRAM, 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 Pickleball Program 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 Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature 18+

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature



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## Pickleball Program

To organize this program and determine if there is enough interest, please return the registration form **by February 21<sup>st</sup> @ 5PM**. Registration forms will be accepted at the Burk's Falls Village Office. This program will run Monday nights for 6-weeks beginning February 24<sup>th</sup>, 2020 and ending March 30<sup>th</sup>, 2020.

**Located in the Karl Crozier Room at the ARBF Arena  
220 Centre St. Burk's Falls**

**Cost for 6-Week program \$30.00**

**6:00pm-7:30pm**

**ALL AGES WELCOME**

If you wish to register for the Pickleball program, please complete the application below. Please note that there is limited amount of registrations available in this program and acceptance is on a first come, first served basis for paid registration. Registration will close once the program is full, additional participants will be added to a wait list.

**This program relies on community volunteers. Volunteers are needed for program instruction. High school 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**

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**THE PICKLEBALL 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 FEBRUARY 24<sup>th</sup>, 2020 \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS: \_\_\_\_\_

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

EMERGENCY CONTACT:  
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).

	<u>Program</u>	<u>Payment</u>
I'M REGISTERING FOR ALL AGES PICKLEBALL PROGRAM: YES___		\$30.00

**Incomplete registration forms or registrations without full payment will not be accepted.**  
Can you be a volunteer for the program you are signing your up for? YES\_\_\_ NO\_\_\_