



# Registration



3 on 3 Team Name or Individual: \_\_\_\_\_

Age Group: Please select one  Ages 8-16  Ages 17+

Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## Team Emergency Contact

Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

	Players Name	Players Age	Health Concerns
1			
2			
3			
4			
5			
6			

**PLEASE NOTE: Every player must individually fill out the attached waiver to participate.**

Please return forms to the Village of Burk's Falls Municipal Office 172 Ontario St. Burk's Falls by  
**Friday March 6<sup>th</sup>, 2020.**

**Price:** \$20.00 Per Player OR \$90.00 Team of 6

**Cash or Cheque** payable to the Village of Burk's Falls

**Dates:** March 14<sup>th</sup> & March 15<sup>th</sup> (A schedule will be released once we have all teams registered)

**For information contact:** Recreation Coordinator- Lacey Stevens 705-382.3138 Ex. 231





The Municipality of the  
**VILLAGE OF 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 3 ON 3 TOURNAMENT  
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 3 ON 3 TOURNAMENT, 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 3 on 3 Tournament 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