Village of Burk's Falls

BURK'S FALLS RECREATION

Get On Your Burk's Falls Feet

Stay Active • Stay Connected. • Stay Inspired.

Youth Basketball Registration Form- Ages 9 to 13

8 Week Program	Thursdays: Oct. 8 to Nov. 26	Registration Fee: $30
Ages 9 to 13	6:00 to 7:00 PM	Land of Lakes Public School Gym

PARENT / GUARDIAN INFORMATION

Name:	Phone:
Email (REQUIRED):	
Address:	

PARTICIPANT INFORMATION

Name:	DOB:

EMERGENCY CONTACT

Name:	Phone:
Relationship to Participant:	

PROGRAM REQUIREMENTS

☐ Participants must wear running shoes while participating in the program.

PARTICIPANT NOTES

Please share allergies, medications or anything else that would help us support your child:

_____

_____

ACKNOWLEDGEMENTS - INITIAL REQUIRED

I have read and agree to the RZone Policy: _____

PHOTO CONSENT

I grant permission to the Village of Burk's Falls to photograph and/or record my child during programs. I understand these images may be used for promotional purposes (including website, social media, and print materials) without compensation, and I waive any right to inspect or approve the final materials.

I have read and agree to the above: _____

PARENT / GUARDIAN AUTHORIZATION

Name (Print):	
Signature:	Date:

Registration Opens September 9 • Register by October 5 • Spaces are limited • 705-382-3138 • recreation@burksfalls.ca

Burk's Falls Recreation Programs Accident Waiver and Release of Liability Form

All person(s) under the age of 18 must have a guardian sign.

I, the undersigned, hereby acknowledge and agree to the following terms and conditions related to my participation in activities associated with the Burk's Falls Recreation Programs:

Assumption of Risk:

I, the undersigned understand and accept that my participation in any and all activities associated with Burk's Falls Recreation Programs involves inherent risks, including but not limited to those arising from negligence or carelessness on the part of the entities or persons being released, defective equipment, or dangerous property conditions. I accept all risks associated with such activities, including those resulting from the actions or inactions of others.

Health and Fitness Certification:

I, the undersigned certify that I am physically fit and sufficiently prepared or trained to participate in the activities associated with Burk's Falls Recreation Programs. I have not been advised by any qualified medical professional not to participate, and I am free from health-related conditions that would preclude my participation.

Waiver of Liability:

I, the undersigned hereby waive, release, and discharge the Village of Burk's Falls, its directors, officers, employees, volunteers, representatives, agents, and any sponsors or volunteers from any liability for personal injury, death, property damage, or theft that may arise from my participation. This includes any liability caused by negligence or fault of those entities or persons.

Indemnification and Hold Harmless:

I, the undersigned agree to indemnify, hold harmless, and promise not to sue the entities mentioned above for any liabilities or claims arising from my participation in these activities, whether caused by the negligence of the released parties or otherwise.

No Responsibility for Errors or Omissions:

I, the undersigned understand and acknowledge that the Village of Burk's Falls, its directors, employees, officers, and agents are not responsible for any errors, omissions, or failures to act by any parties conducting activities on their behalf.

Acknowledgement of Risks:

I, the undersigned understand that these activities may involve risks such as physical and mental stress, death, serious injury, and property loss. Risks include, but are not limited to, those associated with terrain, weather conditions, participant health, equipment, and actions of other people.

Binding Agreement:

I, the undersigned agree that this Accident Waiver and Release of Liability Form will be construed to provide the maximum release of liability permissible under applicable law.

Acknowledgment and Signature:

I have read this document carefully and understand its contents. I am aware that this is a release of liability and a contract, and I sign it voluntarily and of my own free will.

Participant Name(s): _____

Parent/Guardian (if applicable): _____

Signature(s): _____

Date: _____