



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](http://www.burksfalls.net)

**Burk's Falls Beginner Blades - Learn to Skate Program: 16+**

Located at Armour, Ryerson, Burk's Falls Memorial Arena  
220 Centre St, Burk's Falls, ON P0A 1C0  
Tuesdays from 5pm-6pm  
January 13<sup>th</sup>, 2026-March 3<sup>rd</sup>, 2026

**Program Requirements**

- Gear: All participants must wear a helmet while on the ice. Skates will not be provided. Mittens or gloves are strongly suggested.
- Registration: Limited spots available. Acceptance is on a first-come, first-served basis. If two sessions are missed, the spot will be opened to the waitlist.
- Registration Fee: A non-refundable fee of \$50 +HST is required for participation.

Return Completed Burk's Falls Beginner Blades Registration Forms to:  
The Village of Burk's Falls Office  
Phone: (705) 382-3138  
172 Ontario St, Burk's Falls, ON P0A 1C0  
Email: [recreation@burksfalls.ca](mailto:recreation@burksfalls.ca)

**Participant Information:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Age as of January 13<sup>th</sup>, 2026: \_\_\_\_\_

**Parent/Guardian Information:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Emergency Contact Information: Same as Above ☐**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

**Medications, Allergies, or Conditions**

\_\_\_\_\_  
\_\_\_\_\_

**Photo/Video Consent**

I consent to the use of photographs or video footage of my child taken during the Burk's Falls Youth Basketball Program for promotional purposes, including social media, printed materials, or the Village of Burk's Falls website.

☐ Yes ☐ No **Signature:** \_\_\_\_\_

☐ Initial: I have read and agree to follow the terms of the Rzone Policy.



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**BURK'S FALLS BEGINNER BLADES PROGRAM 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 Beginner Blades Program:

**Assumption of Risk:**

I, the undersigned understand and accept that my participation in any and all activities associated with Burk's Falls Beginner Blades Program 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 Beginner Blades Program. 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:** \_\_\_\_\_