

THE REMAINDER OF THIS FORM MUST BE RETURNED COMPLETED BY June 10, 2019  
IF NOT RETURNED COMPLETED, THEN PARTICIPATION WILL BE DENIED.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination / Activity / Program: Terrace - Lake Else Date: June 19, 2019

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. **I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.**
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transportation arrangements and will be responsible for any costs associated.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child that may affect his/her participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. **I waive any and all claims I may have, as a result of my child's participation in this field trip, against the Board of Education of School District No. 52 and its officers, employees, agents, volunteers and representatives, unless such claim is caused by their gross negligence or wilful misconduct.**
10. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) \_\_\_\_\_

(Date of Birth) \_\_\_\_\_ has my permission to participate.

Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Contact phone number \_\_\_\_\_ Date: \_\_\_\_\_

Medical Coverage Number if requested Yes ☐ No ☐

Special Comments: (medical concerns etc.) \_\_\_\_\_

Personal information contained on this form is collected under the authority of the Schools Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.