



# Consent and waiver form High-risk activities

This section for office use only	
Name of school:	
Address:	
Name of activity:	
Address or location of activity:	
Date:	Student/Chaperon ratio:
Transportation (please check):	
School or commercial bus	Public transportation
Other	Private (Volunteer Drivers)

- In consideration of Conseil scolaire francophone de la Colombie-Britannique offering my child, (name of child) \_\_\_\_\_ an opportunity to participate in a field trip, I waive any and all claims I may have against, and release from all liability and agree not to sue The Board of Regional Trustees of Conseil scolaire francophone de la Colombie-Britannique, and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the field trip, arising out of any cause whatsoever, including negligence. I understand that this waives my right to sue on my own behalf, not the right for myself or a guardian the right to sue on behalf of my child. \_\_\_\_\_  
Parents' initials
- During the activity, school staff and adults will accompany and supervise the students. However, your child might not be supervised at all times. \_\_\_\_\_  
Parents' initials
- My child has no illnesses, allergies or disabilities that may require special attention, except as describe here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parents' initials
- I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip, and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to: unorthodox or high risk travel arrangements, program locations, rugged terrain, rock slides and avalanches, weather, equipment breakages, failures, delayed rescue, accessibility, conduct of the guide, chaperone or other group members as well as the possibility that your child may not heed safety instructions or restrictions given to the group. \_\_\_\_\_  
Parents' initials
- I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip and it is my responsibility to inquire about proper requirements. \_\_\_\_\_  
Parents' initials
- My child and I understand that the school's Code of Conduct applies during this field trip. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home. \_\_\_\_\_  
Parents' initials
- Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. \_\_\_\_\_  
Parents' initials
- By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child. \_\_\_\_\_  
Parents' initials
- I acknowledge that Conseil scolaire francophone de la Colombie-Britannique does not provide any insurance coverage \_\_\_\_\_  
Parents' initials



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and/or medical reimbursement for my child.

10. In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the Conseil scolaire francophone de la Colombie-Britannique and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver. This Consent and Waiver form prevails over any other written or verbal declaration.

\_\_\_\_\_  
Parents' initials

11. I am 19 years of age or more and have read and understand the terms of this consent and waiver, and understand that it is binding upon my heirs, executors, administrators, and me.

\_\_\_\_\_  
Parents' initials

## Parents' / Guardians' Signature

A) Date: _____	Parents Signature
Witness Signature	Parent Name
Witness Address	Parent Address
B) Date: _____	Parent Signature
Witness Signature	Parent Name
Witness Address	Parent Address

ALL custodial parents, or guardians of a child who is under the age of 19 years must sign this consent and waiver.

## Student Commitment to Safety and Code of Conduct and Student Acknowledgement of Risk Form

- I will participate in this activity to the best of my abilities.
- I will behave safely and will wear appropriate clothing and use appropriate equipment on this field trip.
- I have been briefed by my teacher or the person responsible for the outing on the elements of risk and dangers involved and the precautions that are to be taken.
- I agree to the expectations set out by the sponsor teacher and will abide by the District Code of Conduct and School rules during the field trip.
- I will report any safety, medical or health issue or injury to the sponsor teacher.

Student name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_