



Elk Island Catholic Separate Regional Division #41
INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS
(Students Under 18 Years)

The Grade 7/8 OLPJ & HS Band Classes is arranging
(Name of School)
a field trip to Birch Bay Ranch
(see attached letter for details)

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT PARTICIPATING IN THIS ACTIVITY AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs may involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in

Describe Activity See attached note.

Describe potential types of injury: See attached.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the School Division, its employees/agents, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

The Elk Island Catholic Separate Regional Division No. 41 does not provide accidental death, disability, or dismemberment or medical expense insurance on behalf of the students participating in this activity.

I give (Name of Student) please print clearly permission to

participate in the (Description of activity)

to be held on (Date of activity)

By signing this form and permitting my son/daughter to participate in this field trip/excursion, I/we, as parent(s)/guardian(s) – both for myself/ourselves and on behalf of our son/daughter – acknowledge that we are aware of the risks associated with this field trip/excursion and agree to release and hold harmless Elk Island Catholic Schools Division, the School, and their respective agents, servants and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son's/daughter's participation in the above authorized field trip/excursion. The Division will, however, be responsible for any injuries and damages suffered by the student while participating in this field trip/excursion that arises as a result of the negligence of the Division.

Name of Custodial Parent/Guardian (please print):

Signature of Custodial Parent/Guardian:

Date: