



**WETASKIWIN REGIONAL PUBLIC SCHOOLS**  
**INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS** (Students Under 18 Years)

Your child has been invited to take part in the Horses of Hope Program for Youth on Mondays from 12:30 to 2:45 p.m., starting September 18 to October 30, 2017. Students will be transported by Hope Mission. This program will take place at Bethany Homes, east of Wetaskiwin.

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

**ELEMENTS OF RISK**

Educational activity programs such as this, 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 leaving the school grounds.

1. Possible traffic accidents that may occur while be transported by Hope Mission transportation.
2. Personal injuries that may occur while taking part in the activities at the Horses of Hope Program for Youth at Bethany Homes, such as: allergic reactions, tripping/falling/slipping, bruising, broken bones, sprains, etc.

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 board, 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 instruction at all times while engaged in the activity. If you choose to participate in the field trip, you must understand that you may bear responsibility for any injury that may occur.

**ACKNOWLEDGEMENT**

**WE HAVE READ THE ABOVE; WE UNDERSTAND THAT THERE ARE RISKS ASSOCIATED WITH PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE. WE ASSUME RESPONSIBILITY TO DO ALL WITHIN OUR INFLUENCE TO REDUCE AND ELIMINATE THOSE RISKS.**

Parent/Guardian (please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION**

I give (print name of student) \_\_\_\_\_ permission to participate in the Horses of Hope Program for Youth to take place at Bethany Homes on Mondays (September 18 – October 30, 2017).

I also give permission for my child, named above, to be transported with the transportation provided by Hope Mission .

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_