

CLEAR VISTA SCHOOL Wetaskiwin Regional Public Schools

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIP

Grade 2 - June 25, 2018 - Telus World of Science, Edmonton

The Grade 2 students will be going on a field trip to Telus World of Science in Edmonton. The students will be traveling by bus leaving Clear Vista School at approximately 8:45 a.m. and returning at approximately 3:10 p.m. Please make sure your child arrives at school on time. Students will need to bring a disposable lunch bag. No lunch kits or containers please. **The cost to each student is \$15.00.**

Supervisors are needed. Please send a note in your child's agenda if you are able to volunteer. Names will be drawn and you will be notified if your name has been drawn.

ELEMENTS OF RISK

Educational activity programs, such as this field trip 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 this field trip.

1. Possible traffic accidents that may occur while traveling by bus to the Telus World of Science, Edmonton, and back to Clear Vista School.
2. Personal injuries that may occur while taking part in the activities at the Telus World of Science, Edmonton, such as: sprains, bruises, cuts/scrapes, falls, allergic reactions, 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 activities, you must understand that you may bear responsibility for any injury that may occur.

☐ I, the Parent/Legal Guardian, have read the above, I understand that there are risks associated with participating in the program/activity described above. I assume responsibility to do all within our influence to reduce and eliminate those risks.

☐ I, the Parent/Legal Guardian accepts that School Board's Student Accident Insurance does not apply during the transportation portions of the trip, and the student is only covered from when he arrives at the school sponsored off-site activity, until he leaves the off-site activity.

AUTHORIZATION TO PARTICIPATE

Student LAST Name _____ Student FIRST Name _____ Homeroom _____

☐ I am the Parent or Legal Guardian of the above named student.

☐ I have read the above form and understand there are risks associated by participating in the activity as described, and assuming the risks associated with doing so.

☐ I give permission for my child to participate in the activity as described on this form.

Parent LAST Name _____ Parent FIRST Name _____

Parent Signature: _____ Date: _____

☐ \$15.00 Payment enclosed (cheque or cash only)