

# CLEAR VISTA SCHOOL

## Wetaskiwin Regional Public Schools INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIP

**Heritage Museum, Wetaskiwin**      **1P - June 6**      **1H - June 7**      **Cost - \$5.00**

The grade 1 classes will be visiting the Heritage Museum, downtown Wetaskiwin. **1P** students will be going on June 6, 2018. **1H** students will be going on June 7, 2018. They will be walking to the museum, leaving Clear Vista at approximately 9:00 a.m. and returning at approximately 12:00 p.m. Please be sure your child is dressed appropriately for the weather. **The cost to each student is \$5.00.**

*2 parent volunteers are needed for each class. If you are interested, please leave a note in your child's agenda with your name and phone number. Names will be drawn and contacted.*

### ELEMENTS OF RISK

Educational activity programs, such as a visit to the museum, 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. Pedestrian accidents that may occur while walking to/from the Heritage Museum downtown Wetaskiwin.
2. Accidents/injuries that may occur while at the Heritage Museum, downtown Wetaskiwin, such as falling, tripping, allergic reactions, scrapes, bruising, 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 activity on the date listed above, 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 (print) \_\_\_\_\_ Parent FIRST Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  \$5.00 payment attached

**Complete this form and make payment online at - <http://clearvista.ca/>**

*(choose Make a Payment or Complete a Form Online)*