

CLEAR VISTA SCHOOL Wetaskiwin Regional Public Schools

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIP

FIELD TRIP DETAILS – Gr 6 PREDATOR PREY GAME

The grade six students are planning an off school grounds activity. They will walk to a park located South of 37 a Avenue and West of 53 a Street, Wetaskiwin. At the park the students will play the *Predator Prey Game*.

6F – June 27th, students will leave Clear Vista School at approximately 1:00 p.m. and return at approximately 3:00 p.m.

6M – June 28th, students will leave at approximately 8:45 a.m. and return at approximately 11:00 a.m.

ELEMENTS OF RISK

Educational activity programs, such as the one mentioned above, involves 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 Park located near South of 37 a Avenue and West of 53 a Street Wetaskiwin.
2. Personal injuries that may occur while taking part in the activities (Predator Prey Game) at the park located near South of 37 a Avenue and West of 53 a Street, such as: allergic reactions, tripping/falling/slipping, bruising, broken bones, sprains, falling down, 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.

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/she arrives at the school sponsored off-site activity, until he/she leaves the off-site activity.

AUTHORIZATION TO PARTICIPATE

Student LAST Name _____ Student FIRST Name _____ Homeroom: 6F or 6M

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 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/Legal Guardian SURNAME (print) _____ FIRST NAME (print) _____

Signature _____

Date: _____