

## **CLEAR VISTA SCHOOL**

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

## Gr 5 - Telus World of Science Centre - June 15

The Grade 5 students will be going to Telus World of Science on Friday, June 15, 2018. The students will be viewing the displays at the science gallery and science garage, watching a science demonstration called *Chicken Physics*, and watching *The Big Dream* Imax Movie. Students will be traveling by bus, leaving Clear Vista at approximately 8:45 a.m. and returning to Clear Vista at approximately 3:10 p.m. Parent helpers are needed. If you are interested, please call the office and leave your name (352-6616).

## **ELEMENTS OF RISK**

Educational activity programs, such as the above activity, 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. Traffic accidents that may occur while traveling by bus to and from the Telus World of Science Centre, Edmonton
- 2. Pedestrian accidents that may occur while walking to/from the bus to/from Telus World of Science Centre, Edmonton.
- 3. Personal injuries that may occur while taking part in activities at the Telus World of Science Centre, such as: choking on food, allergic reactions, injury while walking up/down stairs, tripping, falling, 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 this activity, 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 par	ticipating in
the program/activity described above. I assume responsibility to do all within our influence to reduce and e	liminate
those risks.	
$\square \sqrt{1}$ , the Parent/Legal Guardian accepts that School Board's Student Accident Insurance does not apply du	ring 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.

<b>AUTHORIZATION TO PARTIC</b>	CIPATE	
Student LAST Name	Student FIRST Name	Hmrm
$\square \sqrt{1}$ I am the Parent or Legal Guardian	of the above named student.	
$\square \sqrt{1}$ I have read the above form and und described, and assuming the risks associated.	• 1	participating in the activity as
$\square \sqrt{1}$ give permission for my child to p	articipate in the activity as described of	on this form.
Print Parent LAST Name	Print Parent FIRST Nat	me
Parent Signature	Date	
<b>Lunch Choices</b>		
Students are welcome to bring a bagged lund	ch or choose one of the lunch choices below	w:
□√ Student will bring a lunch		
□√ Pkg 1 Beef Hot Dog/Potato Chips/.	Juice - \$6.00	
□√ Pkg 2 Hamburger/Potato Chips/Jui	ce - \$6.00	
□√ Pkg 3 Ham Sandwich/Potato Chips	s/Juice - \$6.00	
□√ Pkg 4 Grilled Cheese Sandwich/Po	otato Chips/Juice - \$5.25	

IF ORDERING A LUNCH PACKAGE – FORMS ARE DUE NOT LATER THAN JUNE 1<sup>ST</sup>, 2018. NO LUNCH ORDERS WILL BE ACCEPTED AFTER JUNE 1<sup>st</sup>.

Field Trip cost to each student - \$15.00.

Please enclose \$15.00 plus lunch fee if applicable.

This form is also available online via the student quick pay system.