

CLEAR VISTA SCHOOL

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

LDAA Track Meet - John Bole Athletic Park, LEDUC - May 24, 2018

Your son/daughter has qualified for the Leduc and District Track Meet at John Bole Athletic Park, Leduc on May 24, 2018. Students will be bussed there, leaving at 8:45 a.m. The bus will return to Clear Vista School at approximately 3:10 p.m. The students will be at the field all afternoon, therefore they need to be dressed appropriately for the weather. Be sure students bring bottled water to prevent dehydration and a lunch. **THE COST TO EACH STUDENT IS \$5.00.**

ELEMENTS OF RISK

Educational activity programs, such as a field event track meet, 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 being transported to the John Bole Athletic Park, Leduc and back to Clear Vista School.
2. Athletic injuries that may occur while taking part in the field event track meet such as: muscle sprains, bruising, falling, broken bones, heat exhaustion, sunburn, 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 above mentioned activity(ies), 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 _____

☐ Please attach \$5.00 with this form.