

CLEAR VISTA SCHOOL Wetaskiwin Regional Public Schools

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIP

Grade 4-6 - June 28, 2018 - Swimming at Manluk Centre

To celebrate the yearend, the grade 4 to 6 students will be going to the Manluk Centre to go swimming on June 28, 2018 from 11:30 a.m. to 1:00 p.m. The students will walk to the Manluk Centre, leaving Clear Vista at approximately 11:10 a.m. and return at approximately 1:30 p.m.

ELEMENTS OF RISK

Educational activity programs, such as swimming 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 swimming.

1. Pedestrian accidents that may occur while walking to the Manluk Centre and back to Clear Vista School.
2. Injuries that may occur while taking part in activities at the Manluk Centre such as drowning, falling on a slippery surface, bruises, cuts, scrapes, 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 _____ Hmrm _____

☐ 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.

***** THIS FORM WILL NOT BE ACCEPTED UNLESS ALL BOXES ARE CHECKED***

Parent LAST Name (print) _____ Parent FIRST Name (print) _____

Parent Signature _____ Date _____

**Complete this form online at <http://clearvista.ca/> (choose make a payment or complete a form online)
Please do not send in your paper copy if you have completed this form online.**