**CONSENT AND WAIVER FORM | For a Child Participating in High-Risk Activity**

**School:**

In consideration of School District 46 – Sunshine Coast offering my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(print First and Last Name of Child, clearly)**, an opportunity to participate in a field trip for Grade(s)       students on       (*m/d/y*),I waive any and all claims I may have against, and release from all liability and agree not to sue The Board of Education of School District No. 46 – Sunshine Coast and its officers, employees, agents, volunteers and representatives, and the Ministry of Education and Child Care for any personal injury, death, property damage or loss sustained as a result of my child’s participation in the field trip, arising out of any cause whatsoever, including negligence.

Initial

**I hereby give my consent, and acknowledge by my signature that:**

Students will be going to       (*location*) and will be away from school from       to       (*times*). They will be traveling by      .

Initial

On this field trip, up to       (number) students will be: (*describe all activities*)

Initial

The students will be supervised by: (*With older grades, please note that your child will not necessarily be directly supervised by an adult at all times.)*

Initial

Additional Information: (*If any*)

Initial

I have read and understood the attached. (*If any*)

Initial

My child has no illnesses, allergies or disabilities that may require special attention, except as described here:

Initial

I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip, and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to: (*Provide specific and comprehensive information on any risks that are applicable.*)

Initial

I will supply suitable equipment and clothing for my child’s participation in all activities associated with the field trip, including:

Initial

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing.

Initial

My child and I understand that the school’s Code of Conduct applies during this field trip. I will be responsible for any costs caused by my child’s failure to abide by the Code of Conduct, including any costs to send my child home.

Initial

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

Initial

In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver.

Initial

**I am 19 years of age or more and have read and understand the terms of this consent and waiver, and understand that it is binding upon me, my heirs, executors and administrators.**

*\** *This consent and waiver must be signed by ALL custodial parents or guardians of a child who is under the age of 19 years.*

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent/Guardian Signature Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent/Guardian Printed Name Witness Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent/Guardian Signature Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent/Guardian Printed Name Witness Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

Parent/Guardian Emergency Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Volunteer:  Parent/Guardian Driver:  # of Students I Can Drive: \_\_\_\_\_

Up-to-date volunteer and driver forms have been submitted to school office (*Including valid: driving record, copy of insurance and license, and criminal record check*):