

HORIZON SCHOOL DIVISION Policy Code: HICA Attachment C

Parent/Guardian Consent/Risk Acknowledgement Form

SCHOOL NAME:

To the Parent(s)/Guardian(s) of:
Please read and provide permission for your child to attend this activity by signing and returning to school
If you have questions, please ask your child's teacher.
ACTIVITY INFORMATION
Your child's class is going to
on A detailed agenda of the day's activities is attached.
Students will be transported to the activity by
SCHOOL RESPONSIBLITIES
The school will make every reasonable effort to ensure students are safe by ensuring supervisors are qualified, and prepared for emergencies, and students are adequately supervised
If parents are concerned about their child's safety please contact
STUDENT RESPONSIBILITIES
Students are expected to behave the same as in school, and follow all rules and directions from adults while on the bus and on the field trip.
EMERGENCY INFORMATION
Are there any changes to your child's medical information that we should be aware of (Different from the information you have already provided us?). Yes No, If yes, describe:

ELEMENTS OF RISK AND CONSENT/ACKNOWLDGEMENT OF RISK

WARNING: BY SIGNING THIS DOCUMENT YOU ARE ACKNOWLEDGING ELEMENTS OF RISK AND MAY BE WAIVING CERTAIN LEGAL RIGHTS.

- 1. My child wishes to participate in the "Activity" described above. I understand the Activity, and I give permission for my child to go on the activity.
- 2. I agree that activities include risk and that students may get hurt, property may get lost and or damaged and that this may not be the school's fault.
- 3. I know I have the right to ask for information about the risks of this activity should I have concerns.
- 4. I voluntarily accept the risks of this activity and give permission for my child to go on the activity.

- 5. I hold the school harmless and take full responsibility for any injury, loss, damage or death resulting from the activity when such injury, loss, damage, or death it not due to negligence.
- 6. I understand that that the school's insurance may not cover all costs, and that I will be financially responsible
- 7. My child knows and agrees that they will the follow the rules and listen to adults while on the activity and I will pay for the costs if they don't (e.g. pay to send them home, or I will pick them up at the activity).
- 8. I know that the school may cancel the trip if there are safety concerns and agree that I may be responsible for costs associated with a cancellation.
- 9. (Applicable only when travel outside Alberta is involved) I agree that it is my responsibility to get extra insurance (e.g. medical, trip cancellation) for my child.

As a parent/guardian I hereby acknowledge that I have read the information and that my questions have been answered by the school.

I understand the information regarding this activity including the day's agenda, activities, risks, costs, and transportation.

Given all the information provided I give permission for my child to participate in the activity by signing.

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Parent Name:	Signature:	Date: