

## AP 308-5 Field Trip Consent and Waiver Form for Participation in a Higher Risk Activity

School: \_\_\_\_\_

Dear Parent/Legal Guardian:

If you would like your child to partake in this high-risk activity, please complete the waiver form below. (\*Please initial you have read each paragraph in the space provided. )

In consideration of Abbotsford School District offering my child, \_\_\_\_\_ (name)

an opportunity to participate in a field trip on \_\_\_\_\_, I waive any and all (date: month(s)/day/year )

claims I may have against, and release all liability and agree not to sue the Board of Education of School District No. 34 (Abbotsford) 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.

I hereby give my consent, and acknowledge by my signature that students will be going to:

\_\_\_\_\_, and will be away from the school from (location)

\_\_\_\_\_ to \_\_\_\_\_. (date/time) (date/time)

They will be traveling by  school bus  public transport  private vehicle \_\_\_\_\_ Initial\*

Description of Field Trip and Relevant Information: (Description of the activity; necessary skills/ competencies; training and safety equipment required).

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

\_\_\_\_\_ Initial\*

Supervision: (Description of what levels of supervision will/will not be provided).

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

\_\_\_\_\_ Initial\*

My child has no illnesses, allergies or disabilities that would preclude him/her from participating, except as described here: \_\_\_\_\_

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

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:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_ Initial\*

\_\_\_\_\_ Initial\*

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

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

**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\*

I also agree to follow all rules and regulations of the competent professional and/or site rules and regulations.

\_\_\_\_\_ 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 Board of Education or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child.**

\_\_\_\_\_ Initial\*

In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the Board of Education and its servants, agents, employees, or authorized volunteers, or the Ministry of Education and Child Care, 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 older 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.

\_\_\_\_\_ Initial\*

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Signature of Parent/Legal Guardian

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Signature of Witness

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Name of Parent/Legal Guardian (please print)

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Name of Witness (please print)

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Address

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Address

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Date

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Date

NOTE: When an International student requires an authorized signature for a field trip, the supervisor should contact the International Student Program office for direction