

*****Please read this Waiver/Consent Form carefully. Be sure to include your student's name, initial all paragraphs where indicated, sign the waiver form and have your signature witnessed by another adult.**

**Pacific Coast School
High Risk Field Trip Waiver/Consent Form**

In consideration of School District No. 52 offering my child _____ (student's name), opportunity to participate in outdoor activities, which may include: canoeing, downhill skiing, snowboarding, dinghy sailing, yacht sailing, snowshoeing, wilderness hiking, camp craft, wilderness survival, tent camping.

These opportunities may be offered to Grades 8 through 12 and Adult students at Pacific Coast School, on a seasonal basis, throughout the school year.* I waive any and all claims I may have against and release from all liability and agree not to sue The Board of Trustees of School District No. 52 and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damages or loss sustained as a result of my child's participation in the field trips arising out of any cause whatsoever, including negligence.

The following are activities your child may have the opportunity to participate in:

- | | |
|------------------------|------------------------|
| 1. Skiing/Snowboarding | 7. Wilderness survival |
| 2. Canoeing | 8. Tent camping |
| 3. Kayaking | 9. Snowshoeing |
| 4. Sailing | 10. Motor boating |
| 5. Wilderness hiking | 11. Skating |
| 6. Camp craft | 12. Rock Climbing |

If there are any of the above activities you would **NOT** like your child to participate in, please list below.

*These activities may be offered to students during or after regular school hours.

I hereby give my consent and acknowledge by my signature that I will read the itinerary which will be supplied by staff at Pacific Coast School which will include the following information:

1. Type of activity or group of activities.
2. Date and time of activity or schedule of activities.
3. Numbers of and names of supervisory staff.
4. Numbers of students involved in activity or activities.

My child has no illness, or medical condition, allergies, or disabilities that require special attention that preclude him/her from any of the listed activities.

_____ Initial

If your child has any medical or other condition that could have an impact on the activities listed please describe below.

If during the term of this agreement any condition does arise that could affect the ability or safety of your child to participate in any of the above activities you will contact the School Principal at once with specific mention of the agreement.

I will read the information supplied to me on the activities I allow my child to be involved in. I am aware of the usual dangers inherent in participation in all the activities associated with these trips and with the possibility of personal injury, death, property loss, or damage resulting from activities. The dangers and risks may include, but are not limited to:

- | | |
|---|---|
| 1. Drowning | 6. Possibility that your child may not heed safety instructions given to the group. |
| 2. Hypothermia/Hyperthermia | 7. Failure/malfunction of equipment. |
| 3. Rock fall and Avalanches | 8. Road accident. |
| 4. Wild animal attack | 9. Accident due to terrain. |
| 5. Conduct of the guide, chaperone or other group members | 10. Act of God. |

_____Initial

I am aware that I should contact the school for further information if I am unaware of what, or unable to provide, clothing and/or equipment my child needs for the activities I have given permission for y child to undertake.

_____Initial

My child and I understand that the school Code of Conduct applies during any school-based activity. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including if necessary, the cost of sending a student home from out of town.

_____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 your child, another student, the school board or its employees or agents, 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 mentioned 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 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 part in any activity other than those set out in this Consent and Waiver.

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 my heirs, executors and administrates.

Date

Signature of Parent/Guardian

Signature of Witness

Print Name of Parent/Guardian

Print Name of Witness

Address

Address

Phone Number: _____

Phone Number: _____

This form must be completed fully in order to be valid. Please ensure that all spaces requiring names, initials, signatures, etc. are completed (including witness information).