

**STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES**

**PARENTAL CONSENT AND WAIVER FORM (Special/Unique)**

**Please Return This Completed Form by: Thursday, May 3, 2018**

Name of School: **AD Rundle Middle School**

Activity Date: **May 7 - 9, 2018**

Purpose: **Outdoor Education Canoe Training Trip**

Destination(s): **Chilliwack Lake**

Departure Time: **May 7 @ 4:00 pm**

Return Time: **May 9 @ 4:00 pm**

Travel Arrangements: **School Bus Both Ways**


Cost to student: **\$35.00 Online Payment or Cash (Exact Change) only.**     PAID/Cash     PAID/Online\*

*\*Please provide receipt for online payments. Proof of payment is required before attending the trip.*

Students will need to bring: **See Gear List Attached**

Sponsor Teacher(s): **Mr. Lightle**

Supervision Provided by: **Mr. Lightle, Mr. Shea, Haley Lightle and Breanna Conkin-Female Volunteers**

  
\_\_\_\_\_  
Principal's Signature

  
\_\_\_\_\_  
Sponsor Teacher Signature

I give \_\_\_\_\_ (full name of student) in CORE \_\_\_\_\_ permission to participate in the field trip to **Chilliwack Lake** on **05/07/2018 to 05/09/2018** (mm/dd/yy).

**Student's Care Card Number:** \_\_\_\_\_ **Date of Birth (mm/dd/yy)** \_\_\_\_\_

Medical Information (please include any medical or health concerns): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

In the Event of an Emergency, the family member to be notified is:

Name: \_\_\_\_\_ Home Ph # \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Alternate Emergency Contact:

Name: \_\_\_\_\_ Home Ph # \_\_\_\_\_ Cell Ph # \_\_\_\_\_

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 Here)

I am aware and understand that participation in this field trip involves certain and inherent risks, dangers and hazards which may result in serious personal injury or death or other loss or damage to property. I am aware that accidents 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. I am aware that the above named activity can be dangerous and that in addition to the usual risks in these activities certain additional dangers and risks including, but not limited to, varying weather, encounters with wildlife, exposure to the elements amongst others exist. By allowing my child 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. I am aware that supervision will be provided, but that my child will not necessarily be supervised by an adult at all times. \_\_\_\_\_ (Initial Here)

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 #33 (Chilliwack) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education 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 Here)

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, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver. \_\_\_\_\_ (Initial Here)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Home Phone #      /      /      /  
Work Phone #      Cell Phone #

**PLEASE DO NOT CUT OR TEAR THIS FORM. ALL THE INFORMATION ON THIS FORM IS POSTED AT [adr.sd33.bc.ca](http://adr.sd33.bc.ca)**