



SECONDARY SCHOOL FIELD TRIP - INFORMED CONSENT FORM

The Sir Winston Churchill is arranging
(Name of School)

Project Spirit
(Description of Activity and Dates)

Students on the trip will be supervised by:

SWC + Medeba Staff.

Transportation for the trip will be provided by:

SWC (through Badder Bus Lines)

Will this trip involve any "ELEMENTS OF HIGH RISK" to DSBN students? YES NO

If yes, please provide the information below.

Outdoor Adventure Programming
(Describe Activities)

involves certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in the above activities:

- 1. rock climbing 2. giant swing 3. high ropes.

A) SECTION MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Project Spirit on Sept. 17-20, you must understand that you bear the responsibility for any injury that might occur. The District School Board of Niagara does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT & PERMISSION

I HAVE READ THE ABOVE. I UNDERSTAND THAT BY ALLOWING MY CHILD TO PARTICIPATE IN THE ACTIVITY DESCRIBED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

I give _____ permission to participate in Project Spirit
(name of student) (activity)

to be held on: Sept. 17-20, 2019
(Date)

Signature of Parent/Guardian: _____ Date: _____

B) THIS SECTION MUST BE READ AND SIGNED BY EVERY STUDENT 18 YEARS OR OLDER WHO WISHES TO PARTICIPATE

ELEMENT OF RISK

Educational activity programs, such as _____
(Describe Activity)

present various elements of risk. Accidents resulting from such activities may occur and cause injury. The risk associated with the activity MUST be assumed by the participant.

ACKNOWLEDGEMENT

I, _____, understand and accept the above and provide the District School Board of Niagara with the following waiver of liability and indemnification agreement:

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, am eighteen years of age or older and hereby release the District School Board of Niagara and its' staff and agents from any and all liability for any injury sustained by me, regardless of how caused. I further agree to indemnify and save harmless the District School Board of Niagara and its staff and agents from all suits, demands, torts, and actions of any kind which may be brought against its staff or agents for which it/they may become liable by reason of injury, loss, damage or death resulting from, or occasioned to, or suffered by any person or any property, by reason of any act, neglect or default of mine.

Signature of Student: _____ Date: _____