

STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT AND WAIVER FORM (Special/Unique)

Please Return This Completed Form by: Wednesday January 16, 2013

Name of School: VMS Activity Date: Jan 17, 25; Feb 8, 13

Purpose: Outdoor Ed Academy learning outcomes.

Departure Time: 8:00 AM, all dates Return Time: 2:40 PM, all dates


Destination(s): Manning Park Nordic Centre

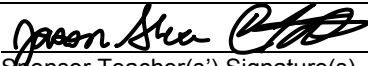
Travel Arrangements: School Bus Cost to student: N/A

Students will need to bring: Snacks, lunch, appropriate clothing for aerobic exercise in winter weather.

Sponsor Teacher(s): Mr. Falk, Mr. Shea

Supervision Provided by: Mr. Falk, Mr. Shea


Principal's Signature


Sponsor Teacher(s) Signature(s)

I give _____ (full name of student) permission to participate in the field trip to _____ on _____ (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 #