

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

Please Return This Completed Form by: May 28, 2013

Name of School: VMS Activity Date: May 30 to 31

Purpose: To assess and develop canoeing and canoe camping skills. To explore a river estuary and tidal lake.

Departure Time: 8:30 AM, May 30 Return Time: 2:00 PM, May 31

Destination(s): Widgeon Creek, South end of Pitt Lake, Near Maple Ridge.

Travel Arrangements: Bus Cost to student: Covered by academy fees.

Students will need to bring: All appropriate camping gear, food. Details to be discussed in class.

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

Supervision Provided by: Mr. Falk, Mr Shea, Nancy Howden, Steph Van Santen

[Signature]
Principal's Signature

[Signatures]
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:

Camping/Hiking Risks: Injuries related to vehicle crashes en route to and from activity area; Becoming lost or separated from the group or the group being split up; injuries related to trips or falls; illness related to poor hygiene, failure to adequately purify water or failure to sanitize dishes; Burns or scalds related to use of fires, camp stoves, and/or the handling of hot food or liquid; Cuts related to the use of knives, axes, or saws; Hypothermia due to insufficient clothing; Allergic reactions to natural or food related substances; Other risks normally associated with participation in the activity and environment. Canoeing Risks: Injuries related to collisions with movable (ex. other boats or paddles) or or immovable (ex. rock) objects; Injuries related to equipment malfunction or becoming tangled in apparatus. (ex. foot snag in cord or bailer); Motion sickness when on large wavy bodies of water (lakes, ocean); Drowning or near drowning; Other risks normally associated with participation in the activity and environment.

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 # _____