

## Parent Consent and Waiver Form

MCROBERTS SECONDARY, is arranging  
Name of School

OUTDOOR ED CAMP AT ELPHINSTONE for the students of  
Description of Activity

GRADE 8 on SEPTEMBER 6-8, 2017  
Name of Class/Group Date/(s)

Accidents may occur while participating in field trip activities. These accidents may cause injury and can be the result of the nature of the activity. Accidents can occur without any fault on either the part of the student, or the school board or its employees or agents or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity you are accepting the risk of an accident occurring and agree that this activity is suitable for your son/daughter. Students have been briefed on the dangers involved and the precautions that are to be taken. If you have any questions or concerns about this activity, please contact your son/daughter's school.

I, \_\_\_\_\_, understand that activities of this type  
Parent or Guardian

expose the students participating to elements of risk.

I give \_\_\_\_\_ permission to participate in the  
Name of Student

OUTDOOR ED CAMP to be held on SEPTEMBER 6-8, 2017  
Type of Activity Date/(s)

I am signing this consent and waiver form to release the Richmond School District and its employees from all liability from any personal injury, death, property damage or loss sustained as a result of my son/daughter's participation in the field trip, arising out of any cause whatsoever, including negligence.

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

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



# Student Acknowledgment of Risk

MCROBERTS SECONDARY

*Name of School*

, is arranging

OUTDOOR ED CAMP AT ELPHINSTONE

*Description of Activity*

for

GRADE 8 STUDENTS

*Name of Class/Group*

on SEPTEMBER 6-8, 2017

*Date(s)*

I, \_\_\_\_\_, understand that activities of this type

*Name of Student*

expose me to elements of risk. I have been briefed on the dangers involved and the precautions that are to be taken.

These are the dangers and precautions explained to me by MRS. MCFADYEN:

Please note: to participate in water activities a student must have successfully completed the "Get Wet" program run through Richmond Aquatics. "Get Wet" is valid for 5 years. Please attach a copy (or the original) of "Get Wet" to this form.

Attached please find the following safety information sheets pertaining to this activity/field trip (if appropriate): None

**Roommate Suggestions.** Please know these are possibilities, not guarantees.

Your Name:

Friends' Names (can list up to 6)

1		4	
2		5	
3		6	

*Signature of Student*

*Date*

*Printed Name of Student*

**Student signatures do not indicate approved consent for or permission to attend the trip—that can only come from parents or guardians (General Consent/Permission, SA-80)—but rather indicate that the student is aware of the risks and precautions necessary for this particular field trip.**