



# Huron-Superior Catholic

## DISTRICT SCHOOL BOARD

### FIELD TRIPS – FORM D

#### INFORMED CONSENT: EDUCATIONAL ACTIVITIES

#### ACKNOWLEDGEMENT AND PERMISSION FORM

The Huron-Superior Catholic District School Board is arranging \_\_\_\_\_  
(description of activity) on \_\_\_\_\_ (date).

*THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT/GUARDIAN OF A PARTICIPATING STUDENT.*

#### ELEMENT OF RISK

Educational activity programs such as \_\_\_\_\_ (type of activity) which is being offered, involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. Without limiting the generality of the foregoing, a few examples of the type of accident which one is at risk of having occur while \_\_\_\_\_ (describe activity) are:

- 1.
- 2.

These accidents result from the nature of the activity and can occur without any fault on either part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chances of an accident occurring can be reduced by carefully following instructions at all times while engaging in the activity.

If you choose to participate in \_\_\_\_\_ on \_\_\_\_\_, you must understand that you will bear the responsibility for any accident that might occur.

The Huron-Superior Catholic District School Board does not provide any accidental death, disability, dismemberment or medical insurance on behalf of students participating in this activity.

#### ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE AND ACCEPT THE RISKS INHERENT IN THIS ACTIVITY AND ASSUME RESPONSIBILITY FOR MY OWN PERSONAL HEALTH, MEDICAL, DENTAL AND ACCIDENT INSURANCE COVERAGES.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### PERMISSION

I give \_\_\_\_\_ (name of student) permission to participate in the \_\_\_\_\_ (description of activity) to be held on or about \_\_\_\_\_ (date).

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_