



Huron-Superior Catholic DISTRICT SCHOOL BOARD

FIELD TRIPS – FORM G

FOR EDUCATION & COMMUNITY PARTNERSHIP PROGRAMS (i.e., CARE & TREATMENT / SSP Classes)

INFORMED CONSENT: ADVENTURE BASED LEARNING ACKNOWLEDGEMENT AND PERMISSION FORM

The Huron-Superior Catholic District School Board is arranging Adventure Based Learning (ABL) activities with the ECPP partner during the month of _____ (month/year) for the _____ (class). These activities are outlined on the attached schedule.

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

ABL activities such as those listed in the attached schedule, which are 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 participating in these activities are:

- 1.
- 2.
- 3.

These accidents result from the nature of the activities 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 these activities, 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 activities.

If you choose to participate in these activities during the month of _____ (month/year), 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 these activities.

ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE AND ACCEPT THE RISKS INHERENT IN THESE ACTIVITIES 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 ABL activities to be held during the month of _____ (month/year).

Signature of Parent: _____ Date: _____



Huron-Superior Catholic

DISTRICT SCHOOL BOARD

ADVENTURE BASED LEARNING (ABL) SCHEDULE

ECPP CLASS: _____ MONTH/YEAR: _____

| Date | Duration (i.e., specify times) | ABL Activity / Field Trip | Mode of Transportation |
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NOTE: All ABL activities and field trips are subject to [Policy / Procedural Guideline 5003 – Field Trips](#). Depending on the nature of the activity (i.e., water activities), it may require the approval of the Director of Education.