



CONSENT, ASSUMPTION OF RISK AND WAIVER OF LIABILITY
SCHOOL FIELD TRIPS/OFF PREMISES ACTIVITIES
FORM D

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

THE HURON SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD (Hereinafter "HSCDSB") is arranging _____ (description of activity/activities and Insert description of trip, destination, date(s), transportation method) on _____. (Date), (Hereinafter collectively "the Activity").

While the HSCDSB is committed to the safety and well being of all its students and taking all necessary precautions, educational Activity programs and any Activity off of HSCDSB property and schools which is being offered, involve certain elements of risk. Accidents may occur to a student while participating in the Activity which may cause injury or harm to the participating student (hereinafter the "student"). These accidents may result from the nature of the Activity and can occur without any fault on either part of the student, or HSCDSB, 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.

Accordingly, the undersigned student and parent(s) and/or legal guardian of the student herein understand, acknowledge, and agree to the following:

1. **Consent to Participate:** I/We grant permission for the student to participate in the Activity organized by or on behalf of the HSCDSB. I/ We understand that in participating in the Activity, that I/We will bear the responsibility for any accident that might occur.

2. **Acknowledgment of Risk:** I/We understand that participating in the Activity involves potential risks, including but not limited to risks associated with travel, third-party venues (e.g. restaurants), weather, illness (including foodborne illness or allergic reactions), and general physical activity. I/We understand that these risks may arise despite HSCDSB's reasonable efforts to supervise and manage the Activity and the students. I/ We further acknowledge that the risk of an accident or injury occurring can be reduced by carefully always following instructions while engaging in the Activity

3. **Medical Disclosure:** I/We confirm that the Student does not have any known medical conditions, dietary restrictions, or allergies that would prevent participation in the Activity except as disclosed in writing to HSCDSB, except the following**(Provide detailed medical disclosure**).

4. **Waiver of Liability:** To the fullest extent permitted by law, I/We hereby waive, release and discharge HSCDSB, its trustees, officers, employees, agents, and volunteers (collectively, the "Released Parties") from any and all claims, demands, damages, actions or causes of action arising out of or in consequence of an injury, loss or damage sustained by the Student or myself/us resulting directly or indirectly from the Student's participation in the Activity, including transportation to and from the destination.

5. **Indemnity:** I/We agree to indemnify and hold harmless the Released Parties from and against all claims, demands, losses or liabilities suffered by the Released Parties arising from any negligent or intentional acts of the Student while participating in the Activity.

6. **Emergency Medical Care:** I acknowledge that HSCDSB does not provide any accidental death, disability, dismemberment or medical insurance on behalf of Students participating in the Activity. In the event of a medical emergency, I/We authorize HSCDSB to seek appropriate medical attention for the Student and accept full financial responsibility for such services.

ACKNOWLEDGEMENT

I AGREE TO THE ABOVE AND 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 Activity to be held on or about _____ (Date).

Signature of Parent/Guardian: _____

Date: _____