



EX 2 – 09.2 Acknowledgement of Risk and Informed Consent Form

Related Procedure: 2 – 09 Field Trips and Excursions

ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT FORM

I, _____, (name) of parent/guardian of _____ (student's name), recognize that my child will participate in off-site out of school activities at the arena, the baseball diamond, the pond, the Terry Fox Run, Memorial Park, the Elementary School, the seniors home, the curling rink, or places within walking distance in the Town of Carstairs as sanctioned by Hugh Sutherland School. The purpose of this activity is outlined in the attached documentation.

This field trip involves certain risks, dangers and hazards to the participants. These may include, but are not limited to: personal injury, death, property damage, expense and other loss, delay or inconvenience and trip or event cancellation or curtailment.

I also understand that during this off-site activity, authorized staff of *Hugh Sutherland School* staff, supervisory adults as well as employees of other agencies associated with this activity will endeavour to instruct, protect and care for the well-being of my child as would I in their place, including making decisions regarding the medical care of my child. I understand that my child will be expected to uphold the behaviour expectations of student of *Hugh Sutherland* as in any other school endeavour as outlined in the School's Student Code of Conduct. I understand that my child's failure to abide by behaviour expectations could result in his/her removal from the activity without refund.

I have discussed the risks and expectations of this activity with my child and have confidence that my child has understood them. I am aware that every parent has the right to deny his/her child's participation in an off-site activity and that participation in the field trip is not a prerequisite for the completion of any required course of study. As parent/guardian, I will ensure my child is appropriately prepared and has the necessary equipment.

I am also aware that the Principal and the Superintendent and the Board reserves the right to postpone, terminate or cancel a field trip at any time and with little notice if the activity can no longer be conducted in a safe and secure manner. I realize that I may not receive all or any of the money I had thus far invested and accept the loss without expecting reimbursement from the School or the Board.

I have read and understood the above statements at my leisure, understood the nature of the document and its content. I consent to the participation of my child in this activity and associated activities.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date (Year/Month/Day)

In case of emergency, you can reach me at:

(phone number)