



BLACK GOLD REGIONAL SCHOOLS INFORMED CONSENT/PERMISSION FORM FOR EDUCATIONAL TRIPS

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT UNDER THE AGE OF 18 WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT WHO IS UNDER THE AGE OF 18.

ACTIVITY

The _____ Calmar Cross Country Running Team _____ is arranging
(school)

_____ Cross Country Running Meet _____ on _____Monday, October 3, 2016_____. The activity will depart
(description of activity) (date)

from the school at _____8:30 AM_____ and return to the school at _____about 2:30 PM_____.
(time) (time)

The cost of the activity is _____\$9.00_____.

ELEMENTS OF RISK:

There are inherent risks in travelling between the school and the venue. The mode of transportation for this field trip will be private vehicles with volunteer drivers.

Educational activity programs, such as _____running_____ involve certain elements of risk. Personal injury, including serious injury up to and including loss of life may occur.

The risk of sustaining these types of injuries results from the nature of the activity and can occur without fault of either the student or the school board, its employees/agents or the facility where the activity is taking place. By choosing to allow your child to take part in this activity, you are accepting that your child may be exposed to risks.

The risk of an injury occurring can be reduced by carefully following instructions at all times. This trip will be supervised according to BGRD's Recommended Guidelines.

MEDICAL INFORMATION:

Does your child have any particular allergies or medical conditions which would prohibit him or her from participating in this endeavour, or restrict the student's participation in any way? _____YES _____ NO.

If yes, indicate what precautions should be taken prior to the trip. _____

In the event of an emergency, we can contact _____ at _____
or _____ at _____.

Parents/guardians and students must understand that they bear the responsibility for any injury that may occur.

PERMISSION:

WE HAVE READ THE ABOVE, AND WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY AS DESCRIBED, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

_____ has permission to participate in the _____Cross Country Meet_____
(name of student) (description of activity)
to be held on or about _____Monday, October 3, 2016_____.
(date of activity)

Signature of Student _____ Date: _____

Signature of Parent/Legal Guardian _____ Date: _____

Please return one copy to school by _____Monday, October 3, 2016. The second copy is for your records.
(date)