FIELD TRIP INFORMED CONSENT - HIGH RISK ACTIVITY

Battle River Regional Division No. 31

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

	Camrose Composite High School	is arranging
	(school)	
	a downhill and cross country ski trip to Canmo	re
	(description of activity / location / facility)	
	and Mt. Norquay	
	(description of activity / location / facility)	
on	April 7 to 9, 2022	
	(dates)	
Edu	EMENTS OF RISK: cational activity programs, such as downhill and cross country solve certain elements of risk. Injuries may occur while participating in the	kiing ese activities The
follo	owing list includes, but is not limited to, examples of the types of injury which icipating in:	
1.	falls	
2.	scrapes	
3.	breaks	
4.	concussions	
thes stud By o may at al	Safety Guidelines for Physical Activity in Alberta Schools will be followed. The types of injuries result from the nature of the activity and can occur without lent or the school board, its' employees/agents or the facility where the activity choosing to take part in this activity, you are accepting the risk that you/you be injured. The chance of an injury occurring can be reduced by carefully fould times while engaged in the activity. You choose to participate or allow your child/the student to downhill and cross country ski trip to Canmore (activity) on April 7 to	ut fault of either the vity is taking place. ur child/the student ellowing instructions to participate in
	must understand that you bear the responsibility for any injury that may occurrent rmation about the student that field trip personnel need to know for this excurs	
1.		
2.		

The Battle River Regional Division No. 31 does not provide extensive accidental death, disability, or dismemberment or medical expense insurance on behalf of the students participating in this activity. The Board only provides a basic coverage with limited coverage for Battle River Regional Division No. 31 students in attendance at or participating in any school activity approved and supervised by proper school authority.

ACKNOWLEDGEMENT:			
WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.			
Signature of Student: Date (Month/DD/YY):			
Signature of Parent/Guardian: Date (Month/DD/YY):			
PERMISSION (Students under 18 Years):			
If the student requires medical attention, I authorize the supervisor(s) to seek necessary medical treatment.			
I give (name of student) permission to participate in			
a downhill and cross country ski trip to Canmore (description of activity)			
to be held on or about April 7 to 9, 2022 (dates).			
Signature of Parent/Guardian: Date (Month/DD/YY):			
Emergency contact person: Emergency phone:			

This form may not be amended or modified in any way. If this form is amended or modified in any way, it is understood that the student named herein will not participate in the above-noted activity.			

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