

## TMS Outdoor Education Program 2015 - Field Trip Permission Form

Destination: RKY Camp, Kingston, Ontario

Date: Wednesday, Sept. 16 – Sept. 18, 2015 or Sept. 19, 2015

Classes: Grade 11 & 12

Departure Time: 7:30 am sharp (be at school between 7:15 and 7:30 am) Wednesday, Sept. 16

Arrival Back at School: to be announced

Dress Requirements: see packing requirements

We, the undersigned parents/guardians of \_\_\_\_\_ in grade \_\_\_\_, give permission for him/her to attend and participate fully in the above field trip, including all recreational and educational activities during the period of the field trip.

The risk of injury exists in every field trip activity. However, due to the very nature of some activities, the risk of injury may increase. The safety and wellbeing of students is a prime concern and attempts are made to manage as effectively as possible the foreseeable risks inherent in field trip activity. Injuries may occur to students through no fault of TMS, TMS staff, a transport carrier, or a facility at which such activities take place. Participants must voluntarily assume these risks.

TMS does not provide any accidental death, disability, dismemberment or medical expense insurance on behalf of students or parent volunteers participating in field trips.

We agree to release and indemnify TMS, its directors, officers, agents, employees and volunteers from any and all claims for damages or other amounts arising directly or indirectly from any accident, illness, injury or any other reason as a result of the student's participation in the field trip activities, where reasonable care and supervision of students was undertaken by school staff.

We agree and understand that in the event of an accident or illness occurring to our child, TMS will make every reasonable attempt to contact the undersigned. If however, we cannot be reached, we hereby give TMS, its directors, officers, agents, and/or employees authority to act on our behalf in case of an emergency and to take appropriate steps to have a doctor or other medical personnel attend up on our child.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date