



INFORMED CONSENT/PERMISSION FOR EDUCATION TRIPS
ELEMENTS OF RISK: ACTIVITY SPECIFIC

(Pupils Under 18 Years)

_____ is arranging
(name of school)

(description of activity and dates)

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

ELEMENTS OF RISK:

Educational activity programs, such as _____ involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in _____:
(describe activity)

- 1. _____
- 2. _____
- 3. _____

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

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in _____ on _____, you must understand that you bear the responsibility for any injury that might occur.

The York Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the pupils participating in this activity. If you do not have this type of coverage, you may purchase Pupil Accident Insurance through the Board's provider at www.insuremykids.com, or by calling toll free at 1-800-463-5437.

ACKNOWLEDGEMENT

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

Signature of Pupil: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the _____
(name of pupil) (description of activity)
to be held on or about _____, 20__.

Signature of Parent/Guardian: _____ Date: _____