

Informed Consent/Permission Form for High-Risk Excursions - F260-6

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

_____ is arranging _____ on _____
(school) (activity) (date)

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 that may result from participating.

- 1) _____
- 2) _____
- 3) _____

The risk of sustaining these types of injuries results from the nature of the activity and can occur without any fault of the student 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 engaging in the activity.

If you choose to participate in _____ on _____
(activity) (date)

you must understand that you bear the responsibility for any injury that might occur.

The Renfrew County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. It is strongly recommended that you purchase Student Accident Insurance, particularly if you do not have a benefit plan through your work, to cover damage, loss and expense sustained in the event of an accident. For additional information on Student Accident Insurance, please go to the following website www.solutionsinsurance.com/aonon or call 1 (800) 266-5667.

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 student)

(signature of parent/guardian or student if over 18)

PERMISSION:

I give _____ permission to participate in _____ to
(name of student) (activity)

be held on _____
(date)

(signature of parent/guardian or student if 18)