

13, 2023

To the Parent(s)/Guardian(s) of: _____ Grade: K-7

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

If this form is not signed and returned to the school by **June 11** or your child may not be allowed to attend.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: Blue Mountain Park DATE(S): June 23, 2025

PURPOSE OR EDUCATIONAL GOAL(S): Picnic & Year End Celebration

ITINERARY/ACTIVITIES: Waterpark, Picnic

METHOD OF TRANSPORTATION: private vehicle

LEAD TEACHER:

TOTAL NO. OF SUPERVISORS PLANNED: min: 4:1 ratio

COST TO THE STUDENT: \$0 WHAT TO BRING: Bagged lunch (if not ordering burger), snack, hat, sunscreen, bathing suit & towel, and a water bottle.

OTHER CONSIDERATIONS: PE Uniform Yes ☒ No ☐

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

- Injuries related to walking: trips, falls, foot injuries, traffic incident
- Injuries related to vehicle crashes en route to and from activity area
- Heat stroke/sunburn due to insufficient clothing
- Becoming lost or separated from the group
- Other risks normally associated with participation in the activity and environment

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: Blue Mountain Park Date: June 23, 2025

- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ has my permission to participate

Name (Please print): _____ Signature: _____

I can help supervise and drive _____ number of seats

I have criminal record check and drivers' authorization on file in the school office

PLEASE ENSURE THE TEACHER IS INFORMED BEFORE LEAVING THE PARK