Burnsview Secondary School

CONSENT AND WAIVER FORM
For Child Participating In the Burnsview Visual Arts camping trip to Tofino, Ucluelet, and Pacific Rim National Park

In consideration of The Board of School Trustees of School District No. 37 (Delta) (the "School District") offering my child,, an opportunity to participate in a field trip for grade 9 – 12 students on Sept.13 - 16, 2018, I/We waive any and all claims I/We may have against, and release from all liability and agree not to sue, the School District or its trustees, officers, employees, agents, volunteers or representatives or the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of or occurring during my/our child's participation in the field trip, providing the School District has not engaged in gross negligence or willful misconduct.	
Commentary: It is the School District's intent that this Waiver and Consent Form provide parents with sufficient information about the fieldtrip to facilitate parents making an informed decision about the participation of their child in this activity. This Consent and Waiver Form is not asking parents to give up the right to sue if there has been gross negligence on the District's part. Nor can a parent give up the right of the child to sue.	
Initial _	
I hereby give my consent, and acknowledge by my signature that: Students will be going to Tofino, Ucluelet, and Pacific Rim National Park in BC, and will be away from the school from the morning of Sept.13 to the evening of Sept.16. They will be travelling in chaperones' vehicles, on BC Ferries, and by foot. Initial	
On this field trip, up to 72 students will be: surfing with instructors, walking in water along the beach – this activity is optional. Necessary activities include camping, walking / easy hiking, photography, painting, and drawing. **Initial** **Init	
Every group of 8 students will be supervised by 1 school employee or parent volunteer. Your child will not necessarily be supervised by an adult at all times. Initial	
My child has no illnesses, allergies or disabilities that may require special attention, except as described here:	

I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip, and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to:

- 1. Program locations
- 2. Rugged terrain
- 3. Rock fall
- 4. Drowning
- 5. Tsunami
- 6. Weather
- 7. Equipment breakages, failures
- 8. Delayed rescue, accessibility
- 9. Conduct of the guide, chaperone or other group members.
- 10. The possibility that your child may not heed safety instructions or restrictions given to the group.

1. The dangers and risks associated with the various optional recreational activities listed above		
	Initial _	
I have valid and adequate medical insurance arranged for my child.	Initial _	
I am aware that should my child be injured or become ill and require emergency e costs incurred shall be my responsibility.	evacuation, any	
	Initial _	
I will supply suitable equipment and clothing for my child's participation in all ac associated with the field trip, including: suitable walking shoes, outer wear for va conditions, sleeping bag, air mattress, eating dishes and cutlery, small lawn chair I am aware that I should contact the school for further information if I am unawar and equipment is required for the activities or possible weather conditions of this child and I understand that it is our responsibility to ensure my child has all neces	re what clothing field trip. My	
and clothing.	Initial	
My child and I understand that the school's Code of Conduct applies during this f be responsible for any costs caused by my child's failure to abide by the Code of including any costs to send my child home.		
Accidents can be the result of the nature of the activity and can o or without any fault on either the part of the student, or the schoolits employees or agents, or the facility where the activity is taking By allowing your son/daughter to participate in this activity, you accepting the risk of an accident occurring, and agree that this activities accepting above, is suitable for your child.	ccur with ol board or g place. are	

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In signing this Consent and Waiver, I am not relying statements made by the School Board and its servant volunteers, or the Ministry of Education, to induce m than those set out in this Consent and Waiver.	s, agents, employees, or authorized
than those set out in this Consent and warver.	Initial
I am 19 years of age or more and have read and under and understand that it is binding upon me, my heirs, or	
Date:	
Signature of Witness	Signature of Parent/Guardian
Printed Name of Witness	Printed Name of Parent/Guardian
Address	Address
Date:	
Signature of Witness	Signature of Parent/Guardian
Printed Name of Witness	Printed Name of Parent/Guardian
Address	Address

NOTE: This consent and waiver must be signed by ALL custodial parents or guardians of a child who is under the age of 19 years.