



WEST VANCOUVER SCHOOLS

これはたいせつなお知らせです。
どなたかに日本語に訳してもらってください。

알려드립니다
이것을 번역해 주십시오

CHỈ DẪN QUAN TRỌNG
Xin nhờ người dịch hộ

सबुधी सादरबारी
फेरर वररु फेरर फेरर फेरर वररु वररु वररु वररु

重要資料
請找人為您翻譯

اطلاعات مهم و سوزمند
لغفاً از یک نفر بخوانید که برای شما ترجمه کند

TO AY MABALAGANG IMPORMASYON
Isa ita sa wikang tagalog kang hindi maintindihan

يرجى ترجمة هذا
معلومات هامة

ВАЖНАЯ ИНФОРМАЦИЯ
Переведите это, пожалуйста.

Parent Informed Consent Form Camp Potlatch Outdoor School - High Risk Activity

This form must be read, each paragraph initiated where appropriate, and signed at the bottom by a parent or legal guardian.

Cedardale is arranging an outdoor school field trip activity for students at Boys and Girls Clubs' Camp Potlatch from June 17-19, 2024. Students will be traveling by water taxi. Students will be supervised by teachers and camp staff, as well as parent chaperones as needed.

Accidents may occur while participating in these activities and these accidents may cause personal injury, illness, death or property damage or loss. The dangers and risks may include, but are not limited to:

Risk	Injury
Kayaking, canoeing and swimming.	Drowning
Rock climbing and low ropes course.	Falling injury, head injury
Bunk beds	Head injury
Fire building	Burns

Parent/Guardian to fill out

In consideration of the West Vancouver School District offering my child, _____, an opportunity to participate in an outdoor school field trip to Camp Potlatch on June 17-19, I waive any and all claims I may have against, and release from all liability and agree not to sue the Board of Education of School District 45 (West Vancouver) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the outdoor school, arising out of any cause whatsoever.

My child may 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 as follows: _____ Initial

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for this activity or possible weather conditions. I understand that it is our responsibility to ensure my child has

all necessary equipment and clothing.

_____ Initial

I understand that the school's Code of Conduct applies during this field trip. Specifically no drinking of alcoholic beverages, use of tobacco products at any time or consumption of drugs for any reason other than approved medical purposes with prior consent given on your medical form. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home. Students are subject to the Student Code of Conduct (AP350) and their School's Code of Conduct during this field trip.

_____ Initial

By choosing to allow my child to participate in this activity, I will assume the risk of an accident occurring and agree that this activity as described is suitable for my child.

_____ Initial

The Board of Education of School District 45 (West Vancouver) does not provide any accidental disability, dismemberment, medical expense or death insurance on behalf of participating students. The School District recommends that you check your family medical coverage or purchase the Student Accident Insurance which was made available at the beginning of the school year.

_____ Initial

In signing this Consent and Waiver, I am not relying on any oral / written representation or statement by The Board of Education of School District 45 (West Vancouver) and its officers, agents, employees, or authorized volunteers, or the Ministry of Education, to prompt me to permit my child to take the trip, other than those set out in this Consent and Waiver.

_____ Initial

Please check and respond if applicable:

- YES: I am able to volunteer my time as a PARENT CHAPERONE for the entire length of the field trip. If yes, your child's teacher will contact you to confirm. **You must show proof of a current criminal record check.**

CAREGIVER CONSENT:

Accidents can be the result of the nature of the activity and can occur with or without fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity is suitable for your child.

I give _____ (*learner name*) permission to participate in the outdoor school at Camp Potlatch from June 17th - 19th, 2024.

I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

- I have paid \$410.00 on SchoolCashOnline Receipt # _____

Parent/Guardian printed name:

Parent/Guardian signature:

DATE:

PLEASE RETURN THIS PAGE TO YOUR CHILD'S CLASSROOM TEACHER