

CircusWest | Friday April 19th, 2024

Parent Informed Consent Form

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

West Bay School is arranging a field trip activity for Grade 4 students to CircusWest, located at **2901 E Hastings St, in Vancouver**, on **Friday, April 19th, 2024**. Students will be traveling by School Bus. Students will be supervised by their teachers, parent volunteers, and CircusWest Staff. The cost is \$40 which includes the circus workshop and bus transportation to CircusWest. Please contact Principal Slater if help with payment is needed.

Students will participate in a variety of circus activities, such as aerials (hanging onto ropes), trampoline, object manipulation (juggling) and creating a human pyramid. CircusWest tailors their School programs for children and ensures the risks are appropriate but there are some inherent risks to circus activities.

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	Consequence	Mitigation of Risk
Falling from height	Concussion, Neck/Spinal Injury	Mats, careful instruction, and close supervision by trained instructors
Collisions with others	Concussion	Students working in supervised stations Spotting from instructors
Trampoline	Neck Injury, Concussion	One at a time

Parent/Guardian to fill out

In consideration of the West Vancouver School District offering my child, _____, an opportunity to participate in a field trip to CircusWest, located at **2901 E Hastings St, in Vancouver, on Friday, April 19th, 2024**, 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 CircusWest field trip, 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.

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

Parent / Guardian Permission

I give _____ (Name of Student) permission to participate in the CircusWest, located at **2901 E Hastings St, Vancouver, on Friday, April 19th, 2024.**

Parent/Guardian printed name:

Parent/Guardian signature:

DATE
