

Informed Consent/Permission Form for Education Trips

School Division/District: _____

Name of School/Facility: _____

Description of Activity: _____

Date(s) of Activity: _____

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

Elements of Risk: Educational activity programs, such as the above activity involve certain elements of risk. Injuries may occur while participating in these activities. Following are examples of the types of injury which may result from participating in the above activity. There may also be risk of other types of injury.

1. _____
2. _____
3. _____

The risk of sustaining injuries results from the nature of the activity and can occur without fault of either 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 engaged in the activity. If you choose to participate in the above described activity, you must understand that you bear the responsibility for any injury that might occur. The School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

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.

Name of Student (print): _____

Signature

Date

Name of Parent/Guardian (print): _____

Signature

Date

Permission:

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

to be held on or about _____
(date)

Name of Parent/Guardian (print): _____

Signature

Date