

Sunshine Hills Elementary School

CONSENT AND WAIVER FORM

For Child Participating In Trampolining Activities at Skyzone

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 five students on 12/01/2016, 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. Please note that both custodial parents must initial and sign form.

Initial _____
Initial _____

I hereby give my consent, and acknowledge by my signature that:

Students will be going to Skyzone Trampoline Park in Surrey, British Columbia and will be away from the school from 9:00 am to 2:00 pm. Students will be travelling in a parental volunteer's vehicle to and from Skyzone Trampoline Park.

Initial _____
Initial _____

On this field trip, up to 27 students will be:

Trampolining, freestyle jumping, running, walking, playing dodge ball, swinging from ropes, jumping from elevated platforms into pits containing foam cubes, performing gymnastics routines, playing basketball, volleyball, and performing various front and back flips.

Initial _____
Initial _____

The students will be supervised by their homeroom teacher David Smith and hopefully 5– 7 parent volunteers. The trip will only proceed if there are a sufficient number of parent volunteers to drive and supervise students during the field trip, and if there is a qualified substitute teacher available in the event that Mr. Smith is sick. **It is important to note your child may not necessarily be supervised at all times during this field trip.**

Initial _____
Initial _____

My child has no illnesses, allergies or disabilities that may require special attention, except as described here:

Initial _____
Initial _____

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. Travel to and from the site
2. Personal injury resulting from the activities listed above
3. Equipment breakages and failures
4. Conduct of the guide, chaperone or other group members.
5. The possibility that your child may not heed safety instructions or restrictions given to the group.

Initial _____
Initial _____

I am aware that should my child be injured or become ill and require emergency evacuation; any costs incurred shall be my responsibility.

Initial _____
Initial _____

I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including active gym wear such as shorts, sweatpants, socks, and a t-shirt.

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

Initial _____
Initial _____

My child and I understand that the school's Code of Conduct applies during this field trip. I will be responsible for coming to pick up my child from Skyzone should he/she not abide by the Code of Conduct and or staff directions.

Initial _____
Initial _____

Accidents can be the result of the nature of the activity and can occur with or without any 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 son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

Initial _____
Initial _____

In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver.

Initial _____
Initial _____

I am 19 years of age or more and have read and understand the terms of this consent and waiver, and understand that it is binding upon me, my heirs, executors and administrators.

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.