



INFORMED CONSENT AGREEMENT FIELD TRIP - MULTI-DAY

As a condition of participation in field trips lasting overnight or longer, this form must be completed by the parent/guardian of each student participant.

Name of Student _____

School _____

Destination of Field Trip _____

Dates of Field Trip _____

The York Region District School Board does not provide any accidental death, disability, dismemberment of medical expenses insurance on behalf of the student participating in this activity. It is strongly recommended that you subscribe to student accident insurance or arrange private coverage.

ACKNOWLEDGEMENT

I/We understand that field trip activities involve various elements of risk and that each person has a different capacity for participating in these activities. Accidents and injury may occur while participating in these activities. These accidents can occur without any fault on the part of the student, the school board, its employees or agents of the facility where the activities are taking place.

I/We understand that a student's participation on a field trip is by invitation only and that the invitation may be revoked at the sole discretion of the school, in response to student violations of the school's code of conduct or to other irresponsible or untrustworthy student behaviour which, in the opinion of school staff, might place the safety, enjoyment or effectiveness of the trip at risk. I/We acknowledge that a school decision to withdraw a student is final and not subject to appeal.

I/We hereby agree and promise that our child, ward or self is able to participate and understands that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I/We agree that the YORK REGION DISTRICT SCHOOL BOARD or its employees, servants or agents shall not be liable for any injury to our child, ward or self or loss or damage to our child, ward or self's personal property arising from, or in any way resulting from, his/her participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the Board or its employees, servants or agents while acting within the scope of their duties.

I/We consent having read and understood the above INFORMED CONSENT AGREEMENT in its entirety, to our child, ward or self participating in these activities, acknowledging all of the foregoing.

Signature of Parent or Guardian _____ Date _____

Address _____

Telephone _____

Please be advised that the York Region District School Board reserves the right, in its sole discretion, to cancel this trip for any reason and, more particularly, in response to concerns about events which may compromise student and/or staff safety (e.g. international crisis, health warning, labour disruption). In such cases, please be aware that any monies or deposits paid up to and including the date of cancellation, may not be refunded by the travel services providers. The responsibility for any and all money owing and/or forfeited as a result of the Board's decision to cancel the trip is the sole responsibility of the student attending the trip and his/her parents/guardians.

This information is collected and used pursuant to the Education Act. The information will be used to acknowledge that parents/guardians are informed about field trip participation and be used in the case of an accident or emergency. If you require further information contact the school principal.

Retain C+I at the school. In the event of an accident, attach Accident/Injury Report (form NP674-04) and forward to Administrative Services.