



SCHOOL DISTRICT No. 64 (Gulf Islands)
SCHOOL FIELD TRIP CONSENT FORM FOR
MODERATE / HIGH RISK / OVERNIGHT / OUT OF PROVINCE ACTIVITY
<http://sd64.bc.ca/employee-forms/>

Date:

Dear

In consideration of School District No. 64 (Gulf Islands) offering my child _____
an opportunity to participate in a field trip for Grade(s) _____ students on _____, _____ Initial
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 #64 (Gulf Islands) 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 field trip, arising out of any cause whatsoever, including negligence.

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

1. Students will be going to _____ and will be away from the school _____
from _____ to _____. They will be travelling by: _____ Initial

2. On this field trip, up to _____ students will be: _____ Initial

3. The students will be supervised by: _____ Initial

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

5. 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: _____
Initial

6. I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including: _____
Initial

7. 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

8. My child and I understand that the school's *Code of Conduct* applies during this field trip. 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. _____
Initial

9. Accidents can be the result of the nature of the activity and can occur with or without any fault on either 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

10. In signing this consent and Waiver, I am not relying on any oral or written representation or statements made by the Board of Education and its 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 Form. _____
Initial

11. I am 19 years of age or more and have read and understand the terms of this Consent Form and understand that it is binding upon me, my heirs, executors and administrators. _____
Initial

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 Form must be signed by a custodial parent or legal guardian of a child who is under the age of 19 years.

As per SD64 policy 6700, the Board recognizes that some students may not be able to cover these costs, and in such cases will ensure that no student is denied an opportunity to participate in educational programs or activities based on financial hardship. Please contact the school principal should you require assistance.