



Clayburn Middle School

ABBOTSFORD SCHOOL DISTRICT

Dear Parent/Legal Guardian:

As part of their educational experience at school, our students will occasionally participate in a field trip. School District procedure requires that each student participating receive written consent from his/her parent/legal guardian.

On, Thursday, Sept. 21, Gr. 7 Students class will visit the Teapot Hill hiking trail

travelling by: school bus (bus, private vehicle, other).

The main purpose of this trip and its relation to the curriculum is: to participate in physical education outdoors and to participate in a collaborative school activity

The cost of this field trip is \$ 5.00 per student. (Note: Fees may be waived for reasons of financial hardship. Contact your school administrator.) Any costs associated with this trip will be in compliance with AP 317 - Student Fees

Materials needed: appropriate clothing and shoes for hiking, bag lunch, and a water bottle

Departure Date & Time: Thurs., Sept. 21, at 9:00am Anticipated Return Date & Time: Thurs., Sept. 21, at 2:00pm

The class will be supervised by (number): 8 teachers and 12 parent volunteers.

Supervisor in Charge: Sara Stroemel

PARENTS/LEGAL GUARDIANS ARE REMINDED TO MAKE ANY SPECIAL ARRANGEMENTS WHICH MAY BE REQUIRED WITH RESPECT TO MEDICAL OR OTHER INSURANCE COVERAGE.

Sara Stroemel Teacher's Signature

Tuesday, Sept. 5, 2017 Date

Please complete the form below and return it to your school.

I hereby give consent for my child, to participate in the planned field trip.

to Teapot Hill Hiking Trail on: Thursday, Sept. 21, 2017

Medical Concerns (if any)

- I confirm that my child is covered by BC Medical Plan. MSP#
I confirm that my child is covered by a private medical plan

Name of Insurance Plan Policy #

I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

Signature of Parent/Legal Guardian Printed Name of Parent/Legal Guardian Date

Address Phone Number

I would like to volunteer for this trip

Payment made by: Cash \$ Cheque No: OnLine Receipt No:



AP 308-5 Field Trip Consent and Waiver Form for Participation in a Higher Risk Activity

School: Clayburn Middle School

(*Parent/Legal Guardian, please initial you have read each paragraph in the space provided.)

Dear Parent/Legal Guardian:

In consideration of Abbotsford School District offering my child, _____

an opportunity to participate in a field trip on Thursday, Sept. 21 (name) I waive any and all (date)

claims I may have against, and release all liability and agree not to sue the Board of Education of School District No. 34 (Abbotsford) 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.

I hereby give my consent, and acknowledge by my signature that students will be going to:

the Teapot Hill hiking trail (location), and will be away from the school from Thurs., Sept. 21 at 9:00am (date/time) to Thurs., Sept. 21 at 2:00pm (date/time)

They will be traveling by (school bus/public transport/private vehicle).

_____ Initial*
Description of Field Trip and Relevant Information: (Description of the activity; necessary skills/ competencies; training and safety equipment required).

Students will be hiking a medium level hiking trail, stopping to eat lunch on the trail.

_____ Initial*
Supervision: (Description of what levels of supervision will/will not be provided).

Students will be supervised by teachers or parent volunteers at all points on the trail

My child has no illnesses, allergies or disabilities that would preclude him/her from participating, except as described here: _____

_____ 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. injuries sustained through slips or falls
2. injuries sustained through not following directions
3. _____
4. _____

_____ Initial*

I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including: appropriate clothes and shoes for hiking, bag lunch, and a water bottle.

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*

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*

I also agree to follow all rules and regulations of the competent professional and/or site rules and regulations.

_____ 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 Board of Education or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child.

_____ Initial*

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 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*

I am 19 years of age or older 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.

_____ Initial*

Signature of Parent/Legal Guardian

Signature of Witness

Name of Parent/Legal Guardian (please print)

Name of Witness (please print)

Address

Address

NOTE: When an International student requires an authorized signature for a field trip, the supervisor should contact the International Student Program office for direction.