

AUTHORIZATION FORM FOR PARTICIPATION IN A HIGH RISK SCHOOL ACTIVITY

ÉCOLE HÉRITAGE

ÉCOLE DES QUATRE-VENTS

ÉCOLE NOUVELLE FRONTIÈRE :

ACTIVITÉS (CHECK):

<input type="checkbox"/>	Skating / Sledding	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Climbing (interior/exterior)	<input type="checkbox"/>	Equestrianism
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Javelin or disk throwing
<input type="checkbox"/>	Scuba Diving	<input type="checkbox"/>	Ici Fishing
<input type="checkbox"/>	Downhill skiing	<input type="checkbox"/>	Hiking
<input type="checkbox"/>	Crosscountry skiing	<input type="checkbox"/>	Camping
<input type="checkbox"/>	Snowboarding	<input type="checkbox"/>	Winter Camping
<input type="checkbox"/>		<input type="checkbox"/>	Other

BY SIGNING THIS DOCUMENT, YOU:

- Allow the student to participate in the school activity;
- Acknowledge having understood the risks associated with the activity;
- Agree to assume the risk of injury and damage resulting from the participation of the student in the activity;
- Declare that the student is in good physical and mental condition;
- Declare having understood and accepted the terms set out in this form.

PLEASE READ CAREFULLY

In consideration of _____'s (*name of student*) participation in the activity: _____, as part of _____ (*program or course*) at École _____, and all related activities, WE, the undersigned student and parent(s)/guardian(s) accept the following modalities:

AUTHORIZATION

1. We allow the student to participate in the activities mentioned above.
2. We understand that participation in the activity is voluntary.
3. We acknowledge having read and understood this form, in which are given full details of the activity.

ACCEPTANCE OF RISK

4. We understand and recognize that the activity involves risks and dangers and that they may also result from the student's participation in the activity.

5. We are aware of the nature and degree of risk and acknowledge that injuries can occur while participating in the activity, and without limiting the generality of the foregoing, include the following:
 - Injuries related to falls, including fractures;
 - Injuries to fingers;
 - Concussion;
 - Dislocation of joint;
 - Death;
 - Other (specify) : _____
6. We authorize, nonetheless, freely and voluntarily, participation of the student in the activity and we accept the risk of injury linked to the activity.
7. We understand and recognize that the School Board, the student and the participants in the activity might have access to advice from third party volunteers as instructors, resource persons or other (hereinafter "volunteers") linked to the activity that is not directly controlled by the School Board.
8. We understand and recognize that the School Board may cancel the activity or part of the activity at any time for cause, and that in such event, a total or partial reimbursement may be granted, when and if possible.

RULES OF CONDUCT, TERMINATION OF PARTICIPATION AND REPAYMENT WAIVER

9. We recognize that participation in the activity is a privilege and we understand and accept that as a participant in the activity, the student must comply with all rules and instructions which are imposed by the School Board, teacher, volunteers, chaperones, service providers and all other authorized person, and that if the student does not respect the rules and instructions, their participation in the activity will be immediately terminated.
10. We understand and accept that the School Board, its elected officials, officers, employees, agents, volunteers and representatives including, without limiting the generality of the foregoing, teachers and chaperones, or any of them, assume no liability to the student if their participation is not consistent with the rules and instructions established for the activity.
11. The school and the person(s) in charge of the activity have the primary responsibility to inform the participant(s) and parents/guardians of the rules and instructions related to the activity organized by the School Board, teacher, attendants, volunteers, service providers and other authorized person as required.
12. We also understand and accept that such a termination of the student's participation in the activity will not, at any time, rescind our financial responsibility for the activity, if any, nor relieve us of the obligation to pay for the activity.
13. We affirm that the student is in good physical and mental health and not suffering from any other impairment, illness or disability that may prevent or hinder their safe participation in the activity.
14. We confirm that the following information is indeed that of the person to contact in case of emergency.

Name of person: _____

Relation to student: _____

Phone number (s): _____

OTHER EMERGENCY CONTACT(S): Please identify at least one emergency contact:

_____ **Telephone:** _____ / _____ / _____
Full Name of contact person home work cell

RELATIONSHIP TO STUDENT: _____

PHYSICAL ADDRESS, INCLUDING LEGAL DESCRIPTION OF RESIDENCE: _____

MEDICAL INFORMATION

Alberta Health Care Number: _____

Medical conditions (allergies, speech/language difficulty, other) Please provide details below:

Allergies	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: _____
Language difficulties	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: _____
Epilepsy	<input type="checkbox"/> yes <input type="checkbox"/> no	
Other	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: _____

Please indicate if your child needs a:

ASTHMA / INHALER: Yes No EIPEN: Yes No MEDICATION: Yes No

If yes, you must complete and sign the “Request to administer medication or medical care” Form. See Appendix C.

Please provide any other information regarding the health and safety of your child:

GENERALITIES

15. We understand that the School Board carries no insurance that would cover the student for this school activity.
16. We recognize that the student meets all requirements to participate in the activity and we ensure at our expense that the student has the required clothing and equipment for the activity.
17. We accept the terms and conditions as mentioned in this legal authorization.
18. We recognize that our consent is not based on any promise, incentive, assertion or agreement, including, without limiting the generality of the foregoing, any oral statement made by the School Board, its elected officials, officers, employees, agents, representatives and volunteers which would effectively amend the terms of this authorization.
19. We understand that the obligations of the student and the parent(s)/guardian(s) undersigned are joint and several.
20. We understand that if one of the terms of this agreement or application in any part or circumstance is declared invalid by a court or other competent authority, it shall be presumed to have been separated from the agreement and the other terms of the agreement shall remain in full force.

21. We understand and accept that this authorization is binding on the heirs, personal representatives and assigns of the undersigned.

Declaration & signature

WE, the undersigned, acknowledge having read and understood this entire authorization and accept the risks, terms and conditions related to participation in the activity.

Parent / Guardian Signature

Student Signature

DATE: _____

PLACE: _____

To allow student participation in the activity, this form must be completed in full, dated and signed by the student and parent(s)/guardian (s).