

LETHBRIDGE SCHOOL DISTRICT NO. 51 INTERNATIONAL SERVICES 433 - 15 STREET SOUTH LETHBRIDGE ALBERTA T1J 2Z4 PHONE: (403) 380-5323 FAX: (403) 327-4387 www.internationalservices.lethsd.ab.ca

PARENTAL CONSENT FORM

Throughout the Summer Camp program, photographs and videos of students will be taken. When photographs or videos are taken of students where individual students can be identified, the Freedom of Information and Protection of Privacy Act requires us to obtain your consent where the photographs or videos may be used for purposes outside of the school or at public functions. Such purposes may include brochures, the district website, electronic presentations, and other publications illustrating school activities.

I hereby grant permission to Lethbridge School District International Services, on behalf of my child, ______ (student's name) to participate in any of the following during the Summer Camp program 2016, for non-profit, educational purposes:

- Photograph, record and/or videotape my child, and
- Off-campus activities (field trips) within Lethbridge and area, including museum visits, outdoor games, hiking, and picnicking as per the camp schedule.

I understand the photographs and/or videos may be shown at or on:

- educational fairs and conference presentations;
- at school-related activities at school sites;
- at school-sponsored displays in the community;
- used in a school or district publication/brochure;
- the District's website.

By signing this form and permitting my son/daughter to participate in these activities/field trips, I, as a parent and on behalf of my son/daughter, acknowledge that we are aware of the risks associated with these field trips and agree to release and hold harmless Lethbridge School District No. 51, the school, and their respective agents and employees, from and against any and all claims for damages or bodily injuries arising out of my son's/daughter's participation in these activities/field trips.

Please sign and return this document to the District with your registration package.

Parent signature: _____

Date: _____

