

607.1.5 Acknowledgement of Risk and Consent of Parent or Guardian

To be completed by school

STUDENT NAME:

Select either (i) or (ii) 1.

(i)

My child will be given the opportunity to participate in the following program or activity (please specify program):

a) Name of the Service Provider (if applicable):

b) Date:

c) Teacher in Charge:

My child will be given the opportunity to participate in the following series of on-site activities for the following program (please specify (ii) program):

**See the attached list for activities, date, service provider (if applicable) and teacher in charge.

- Lethbridge School Division will make every reasonable effort to ascertain that:
 - a) The staff of the Division and/or (as applicable) the Service Provider involved in providing the activity are suitably trained and gualified.
 - b) The students who undertake the program or activity will be adequately supervised.
 - c) Any equipment used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
 - d) The location where the activity will take place is appropriate and safe.
 - e) As applicable, the Service Provider has taken all reasonable steps to ensure that any domestic animal(s) involved in the activity are safe.

To be completed by school

Potential hazards may include but are not limited to the following:

Consent and Acknowledgement of Risk

- I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including 3 information beyond that information provided to me by the school or the Division to the extent that I require. I am not, in any way, relying solely upon information provided by the school or the Division respecting the nature and extent of the risks and hazards associated with the program or activity.
- I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my 4 child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
- My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's 5. administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
- In the event that my child fails to abide by the rules and regulations imposed on students while participating in the program or activities, disciplinary action may require that he/she not participate in the program or activity and/or that I will be contacted to have him/her picked up.
- I acknowledge that it is my responsibility to advise the Division of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.
- Based on my understanding, acknowledgement, and consents as described herin, I agree that 8 has my permission to participate in this program or activity. (Name of Student)

Date:	Name:		Signature:	
		Parant/Guardian (Plaasa Brint)		Paront/Guardian

Notice: Any personal information collected by the Division pursuant to this form is collected under the authority of Alberta's Freedom of Information and Protection Act ("FOIP") and the School Act. Such information will be used in connection with the provision of the programs and activities referred to above, and will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the collection of personal information, contact your school principal or the Department of Instructional Services.