Form 607.1.5:
Parental/Student Consent and Waiver

Use this form for:
- Green overnight
- Green out-of-province →
- All Amber activities
- International trips

(Please read this document and the attached Parent Information Letter carefully)

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

1. My child wishes to participate in the _______________ (describe activity), (the "Activity"). I have read and I understand the contents of the Parent Information letter, attached hereto, which sets out the details of the Activity, and I consent to and giver permission for my child to participate in this program.

2. I hereby acknowledge and agree that educational activity programs, such as the Activity, involve elements of risk and that death, injuries, loss or damage can occur to students while participating in these activities.

3. I further acknowledge and agree that death, injury, loss or damage can occur without any fault of either the student, the school board, it's employees, trustees, volunteers or agents. I hereby freely accept and assume all risks associated with the participation of my child in the Activity. In consideration for my child's voluntary participation in the Activity, I hereby waive any and all claims, expenses, demands, costs, suits, liabilities and causes of action against the Lethbridge School District No. 51, which may arise out of such injury or loss or damage and I release the Lethbridge School District No. 51 from any liability in that regard. I understand that the Lethbridge School District No. 51 will be responsible for injury, loss or damage suffered by my child while participating in the Activity if such injury, loss or damage arises as a direct result of the negligence of the Lethbridge School District No. 51.

4. I accept and agree that it is my child's responsibility to abide by all laws and obey all rules set out for this trip. I agree that the supervisors of this trip may require my child to return home if a breach of those rules occurs and I agree to be responsible for and pay any and all costs that may arise.

5. In consideration for my child's voluntary participation in the Activity, I further agree to indemnify (which means to secure or protect against hurt, loss or damage and to reimburse for any loss sustained) and hold harmless (which means to assume the liability inherent in a situation, thereby relieving the other party of responsibility) the Lethbridge School District No. 51, and it's trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any act, neglect or default of myself or my child.

6. I acknowledge that it is my responsibility to advise the Lethbridge School District No. 51 of any medical and/or health concerns which may affect my child's participation in the Activity.

7. I acknowledge and agree that a teacher chaperone may take any actions deemed necessary by the teacher chaperone for my child's health, safety and well-being, including the securing of medical treatment and transporting my child home (at my expense).

8. (Applicable only when travel outside Alberta is involved) I acknowledge that it is my responsibility to obtain any additional insurance (including but not limited to health care, trip cancellation, property or personal effects insurance, accidental death, disability or dismemberment or medical expense insurance) on behalf of my child.

Amended: September 2013
607.1.5 – Parental/Student Consent and Waiver, continued…

9. I acknowledge and understand that Lethbridge School District No. 51 is unable to provide insurance coverage for death, injury, damage or medical expenses arising directly or indirectly, in whole or in part, out of terrorism or out of any activity or decision of a government agency or other entity to prevent, respond to or terminate terrorism. In consideration for my child’s voluntary participation in the activity or program, I hereby waive any and all claims of every kind that I have or may have in the future and hereby release and hold harmless the Lethbridge School District No. 51 and its employees, volunteers, trustees and agents from any liability for any death, bodily injury, property damage or personal injury to my child or myself that may arise, directly or indirectly, in whole or in part, on account of terrorism or decisions of a government agency or other entity to prevent, respond to or terminate terrorism, regardless of any other contributing or aggravating cause or event.

10. In consideration for my child’s voluntary participation in the Activity, I further agree to hold harmless the Lethbridge School District No. 51, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any Act of God, strikes, or government restrictions, and for acts or omissions of any persons or agencies not directly controlled by the District, including, without limitation, airlines, bus companies, railways, travel agencies, shipping companies, hotels or guides.

11. I hereby acknowledge that I have read and understand the foregoing and do hereby approve and consent to all of the above. I hereby give permission for my child to participate in the Activity.

SIGNED at Lethbridge, Alberta this ___________ day of _____________, 20____.
I have read the above and it has been explained to me by my parent or guardian,

_________________________                 ______________________
Parent’s Name and Signature             Witness

_________________________                 ______________________
Parent’s Name and Signature             Witness

I have read the above and it has been explained to me by my parent or guardian,

_________________________
Student’s Name and Signature

Witness

Date: _______________________

Note: Regarding witnesses to the signatures of the students and parents:
1. The spouse of a parent should not witness the parent’s signature.
2. A parent should not witness a student’s signature.
3. Employees of the School District should not witness either the parent or student signatures.
4. Witnesses should be of sound mind (i.e. not under the influence of any intoxicating substances, etc.) and should be over the age of 18.