

CRUSADERS

Outdoor Education/P.E./Athletics Student Participation Consent and Acknowledgement of Risk Form

Student: _____ Teacher : **Mr. DeLaval**

Date of Activity: **All Outdoor Education/Physical Education and Athletics within the 2017-2018 School Year**

Location of Activity: **Various Off Campus Locations for Outdoor Education, Physical Education and Athletics**

CLEAR WATER ACADEMY RESPONSIBILITIES

Clear Water Academy will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the activity.
- c. The location(s) and activity(ies) used are appropriate and safe for the group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. The weather is monitored and activities and transportation will be halted when unsafe conditions are forecasted or exist.

POTENTIAL HAZARDS

Any and all risks associated with the activity (ies) specified above.

- 1) Athletic, Outdoor Education or Physical Education Related Injuries while partaking in off campus excursions
- 2) Transportation

CONSENT AND ACKNOWLEDGEMENT OF RISK

Mode of Transportation: CWA Bus, Parent Drivers, Qualified Bus Drivers

1. I accept this mode of transportation for this activity: Yes No or, I permit my child to use alternate means of transportation. Specify means: _____
2. I acknowledge my right to obtain as much information as I require about these programs or activities and associated risks and hazards, including information beyond that provided to me by the school.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.
7. I agree to the expectations of Clear Water Academy when it comes to Outdoor Education, Athletics and Physical Education.
8. I consent that the school, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
9. Based on my understanding, acknowledgement, and consents as described herein, I agree that the aforementioned student has my permission to participate in all Outdoor Education, Athletic and Physical Education Activities.

Date: _____

Parent's Name: _____

Signature

Type Name: _____

The information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act for the purpose of participating in school activities. If you have any questions about this form, please contact your Academic Coordinator.