CONNECT CHARTER SCHOOL

INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK FORM

FOR OFF SITE ACTIVITIES

2014-2015

THIS CONSENT AND ACKNOWLEDGEMENT OF RISK FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF ANY STUDENT PARTICIPATING IN OFF CAMPUS ACTIVITIES.

PLEASE READ THIS INFORMED CONSENT AND ACKNOWLEDGMENT OF RISK FORM CAREFULLY, TOGETHER WITH ANY ACCOMPANYING DOCUMENTATION AND DIRECT ANY QUESTIONS TO SCHOOL ADMINISTRATION BEFORE INDICATING ACCEPTANCE.

**ACTIVITY DETAILS**

DESTINATION / ACTIVITY: Mosquito Creek Hostel – Banff National Park

DATE(S): **Grade 7** February 18th-19th, 2015 (2 days, 1 night)

**Grade 8/9 Boys** February 19th-20th, 2015 (2 days, 1 night)

**Grade 8/9 Girls** February 25th-26th, 2015 (2 days, 1 night)

CURRICULAR OUTCOMES: See information letter.

ITINERARY / ACTIVITIES: See information letter.

PER STUDENT COST: None

WHAT TO BRING: See information letter.

METHOD OF TRANSPORTATION: TRAXX Coachlines

SCHOOL CONTACT: Main office 403-282-2890

SUPERVISION RATIO: 8:1

NO. OF VOLUNTEERS REQUIRED: 2

**BOARD RESPONSIBILITIES**

**The Board of the Connect Charter School will make every reasonable effort to ensure that:**

1. Staff, volunteers, and/or service providers are suitably trained and qualified to lead this activity/program.
2. Students will be adequately supervised during all aspects of the program / activity.
3. The location(s) used for this activity/program are appropriate for the planned itinerary and group.
4. Equipment used for this activity/program has/have been inspected and deemed safe.
5. A Safety Plan has been developed to identify and manage known potential risks.
6. An Emergency Plan is in place to deal with an injury or illness to any student.

# ACKNOWLEDGEMENT OF RISKS:

I HAVE READ THE ABOVE, AND UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITIES DESCRIBED HEREIN, I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO ON BEHALF OF THE STUDENT NAMED ON THIS FORM. THE RISK OF SUSTAINING AN INJURY OR DEATH MAY OCCUR FROM THE NATURE OF THE ACTIVITY AND CAN OCCUR WITHOUT FAULT OF EITHER THE STUDENT, OR THE SCHOOL BOARD, ITS’ EMPLOYEES/AGENTS. BY CHOOSING TO TAKE PART IN THIS ACTIVITY, YOU ARE ACCEPTING THE RISK THAT YOUR CHILD MAY BE INJURED OR KILLED.

# INFORMED CONSENT:

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to participate in the **Mosquito Creek Backcountry Ski Trip** to be

(Name of student)

held on or about **February 18, 19, 20, 25 and/or 26, 2015**

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POTENTIAL RISKS AND PERILS ASSOCIATED WITH PARTICIPATION IN THIS ACTIVITY INCLUDE BUT ARE NOT LIMITED TO:**

**Transportation**

☐ Traffic accidents, incidents, and mishaps

☐ Incidents and mishaps while **walking** to or from transportation

**Environmental**

☐ Weather related causes during outdoor activities, including but not limited to: hypothermia, frostbite or other cold related injuries.

☐ Interaction with wildlife, including but not limited to encounters with bears, cougars, elk,

wolves, coyotes, moose, porcupine, badgers, spiders, snakes, insects.

☐ Contact with, or ingestion of, plants, berries, roots, or bark.

**Food**

☐ Choking during planned or unplanned meal times.

☐ Allergic responses, including anaphylactic shock, as a result of direct or indirect contact

with food products, byproducts, or waste.

**Pre-existing medical conditions**

☐ As identified on the student health information form. PLEASE NOTE THAT PARENTS MUST

NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES TO A STUDENT’S HEALTH

INFORMATION.

**Activity related perils**

☐ Injuries or death caused by head trauma, sprains, strains, broken bones and/or other injuries related to slips or falls while skiing.

☐ Burns or other injuries related to cooking with an MSR backcountry camp stove.