

RELEASE - LOW-RISK ACTIVITIES

PLEASE READ CAREFULLY

Name of school: _____ Name of student: _____
(please print)

THIS FORM MUST BE READ AND SIGNED BY A LEGAL PARENT/GUARDIAN OF A STUDENT WHO IS UNDER THE AGE OF 18 FOR A STUDENT TO PARTICIPATE IN LOW RISK ACTIVITIES THROUGHOUT THE SCHOOL YEAR.

THIS FORM MUST ALSO BE READ AND SIGNED BY EVERY STUDENT 18 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE IN LOW RISK ACTIVITIES THROUGHOUT THE SCHOOL YEAR.

BACKGROUND

For the purpose of this form, a **Low Risk Activity** is defined as any activity which occurs during the regular school day, is held in a location away from school property, and is not of an athletic nature. (Example: Attending a performance at the Confederation Centre).

Throughout the school year, students may be provided the opportunity to participate in educational activities and events that occur during the regular school day off school property.

Accidents may occur while students are participating in or traveling to and from such activities. An accident could occur and cause an injury or damage to or loss of property without fault on the part of the Public Schools Branch, its employees, volunteers, representatives, agents, or the facility where the activity or event is taking place. In allowing the student to participate, the parent/guardian (if the student is under 18) assumes the potential risk. If the student is 18 or over, the student assumes the potential risk.

NOTE: If signed permission is not provided, the student will not be permitted to attend any of the Low Risk Activities as defined above without prior written consent. Parent/guardian will be provided with information regarding each event scheduled, but must take the initiative to obtain, complete, and return a signed copy of the release form for individual activities.

1. ACKNOWLEDGEMENT AND PERMISSION

I have read the above, and give permission for the student stated above to attend or participate in all Low Risk Activities, as defined above, for which he/she may be eligible. I provide this permission with the assurance that no such event or activity will take place without receiving prior written notification outlining the nature of the event (or series of events), the date(s) and time(s). At the time of such notification, I reserve the right to refuse permission for the student to attend the particular event.

I recognize the potential for injury or damage to or loss of property, and agree to assume the risks associated with these activities and events. I also recognize that failure on the part of the student to obey school rules or failing to follow the rules or instructions laid out by teachers, administrators, volunteers, chaperones, or people helping to stage the event (e.g. theatre ushers, etc.) may result in the student being subjected to disciplinary action.

The Public Schools Branch has in place Accidental Death, Dismemberment and Disability Insurance for students participating in school activities. Please refer to the Public Schools Branch website www.gov.pe.ca/edu/psb or contact your school for details on the coverage provided and procedures to follow for submitting claims.

X

Signature of Parent/Guardian (for a student under the age of 18)
or signature of Student (if student is over age 18)

Date

2. RELEASE AND INDEMNIFICATION

In consideration of the above-noted school allowing the student to participate in the activities listed above, I hereby release, hold harmless and indemnify, the above-noted school, the Public Schools Branch, its employees (including teachers and administrators), volunteers, agents, representatives and their respective heirs, executors, administrators, successors and assigns from any and all actions, causes of action, claims, suits and demands of whatever nature including negligence, (except for the gross negligence of the above-noted school or the Public Schools Branch, its employees, volunteers, agents or representatives). I understand that this release applies to any injury, sickness or death and damages or losses of any kind, including property loss or damage sustained while participating in or being transported to or from these activities.

X

Signature of Parent/Guardian (for a student under the age of 18)
or signature of Student (if student is over age 18)

Date

3. EMERGENCY SITUATIONS

In case of a serious accident or illness, I request the school contact me. If I cannot be reached within a reasonable amount of time, and if the emergency contact and the family doctor likewise cannot be reached within a reasonable period of time (based on the contact information provided to the school), I authorize the school to take whatever immediate action is considered reasonably necessary in the circumstances which may include rendering basic first aid, obtaining and following instructions from a physician or other licensed health practitioner, and providing or arranging transportation of the student to the nearest or most appropriate health care facility. I hereby release the above-noted school, the Public Schools Branch, its employees, volunteers, agents, and representatives, and their respective heirs, executors, administrators, successors and assigns, from any and all liability for any injury, loss or damage which may be sustained as a result of providing treatment, including transportation to facilitate such treatment.

I further agree to indemnify and hold harmless the above-noted school, the Public Schools Branch, its employees, volunteers, agents, representatives, and their respective heirs, executors, administrators, successors and assigns from any and all actions, causes of action, claims, suits and demands of whatever nature including negligence, except for the gross negligence of the school or the Public Schools Branch, its employees, volunteers, agents, or representatives which might be incurred by them as a result of or in relation to any treatment provided.

X

Signature of Parent/Guardian

Date