

**RELEASE – SPECIFIC ACTIVITIES**

**PLEASE READ CAREFULLY**

Name of school: \_\_\_\_\_ Name of student: \_\_\_\_\_  
(please print)

The above-noted school is arranging an activity(ies) on the following date(s):  
\_\_\_\_\_

A description of the activity(ies) is as follows:  
\_\_\_\_\_  
\_\_\_\_\_

THIS FORM MUST BE READ AND SIGNED BY EVERY PARENT/GUARDIAN OF A STUDENT UNDER THE AGE OF 18 FOR A STUDENT TO PARTICIPATE IN THE SPECIFIED ACTIVITY(IES).  
THIS FORM MUST ALSO BE READ AND SIGNED BY EVERY STUDENT AGE 13 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE IN THE SPECIFIED ACTIVITY(IES).

**1. BACKGROUND**

The activity(ies) described above may involve certain elements of risk. Accidents may occur while students are participating in or travelling to and from such activities. An accident could occur and cause an injury, sickness or death, 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 years of age) assumes the potential risk. If a student is 18 years of age or over, the student assumes the potential risk.

**NOTE: If signed permission is not provided**, the student will not be permitted to attend the activity(ies) described above.

**2. ACKNOWLEDGEMENT AND PERMISSION**

I have read the above, and give permission for the student stated above to attend or participate in the activity(ies) described above, for which he/she may be eligible.

I recognize the potential for injury, sickness or death, or damages or losses to property, and agree to assume the risks associated with the activity(ies) described above. 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 others associated with the activity(ies) described above 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](http://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)

\_\_\_\_\_  
**Date**

X

\_\_\_\_\_  
**Signature** of Student (if student is 13 years of age or older)

\_\_\_\_\_  
**Date**

### **3. RELEASE AND INDEMNIFICATION**

In consideration of the above-noted school allowing the student to participate in the activity(ies) 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 and 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 this activity.

X

\_\_\_\_\_  
**Signature** of Parent/Guardian (for a student under the age of 18)

\_\_\_\_\_  
**Date**

X

\_\_\_\_\_  
**Signature** of Student (if student is 13 years of age or older)

\_\_\_\_\_  
**Date**

### **4. 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 and 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**