



MUST BE SIGNED BY TWO PARENTS/GUARDIANS

École Élémentaire Devon Gardens Elementary
8884 Russell Drive
Delta, BC V4C 4P8
Tel: 604-581-6185
Website: <http://dg.deltasd.bc.ca>

CONSENT AND WAIVER FORM

For Grade 7 Students Participating in Coastal Climbing Centre on Friday, November 3, 2023

In consideration of The Board of School Trustees of School District #37 (Delta) (“The School District”) offering my child, _____ an opportunity to participate in the celebration field trip to Coastal Climbing Centre on Friday, November 3, 2023, I/we waive any and all claims I/we may have against, and release from all liability and agree not to sue The School District or its trustees, officers, employees, agents, volunteers or representatives, or the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of or occurring during my/our child’s participation in the field trip, providing the School District has not engaged in gross negligence or wilful misconduct.

Commentary: It is the School District’s intent that this Waiver and Consent Form provide parents with sufficient information about the fieldtrip to facilitate parents making an informed decision about the participation of their child in this activity. This Consent and Waiver Form is not asking parents to give up the right to sue if there has been gross negligence on the District’s part. Nor can a parent give up the right of the child to sue.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

I/we hereby give my consent, and acknowledge by my/our signature(s) that:

Students will be going to Coastal Climbing Centre and will be away from the school on Friday, November 3, 2023. Students will be departing the school at approximately 9:00 am and returning to school at approximately 12:00 pm. They will be travelling with parent drivers.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

On this field trip, up to 49 students will be participating in indoor climbing activities.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

The students will be supervised by up to 3 Devon Gardens school staff members, as well as by Coastal Climbing staff. Your child will not necessarily be supervised by an adult at all times.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

My child has no illnesses, allergies, or conditions that may require special attention except as those described here:

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

I am aware of the usual risks and dangers inherent in all activities associated with this trip and the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to:

- Trips and falls
- Contusions or bruises
- Wrist injury and sprains or fractures
- Equipment breakages or failures
- Program locations
- Conduct of guides, chaperones, or other group members
- Delayed rescue/accessibility
- The possibility that your child may not heed safety instructions or restrictions given to the group.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

I am aware that should my child be injured or become ill and require emergency transportation, any costs incurred shall be my responsibility.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

I am aware that this is an active field trip and that my child must come dressed in:

- Closed-toed, outdoor shoes (i.e. running shoes)
- Comfortable athletic style clothing for the activities (miniature golf, bowling, roller skating)
- Clothing that falls within the school dress guidelines, as outlined in the front of the student planner

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

I am aware, and have reviewed with my child, that students are **NOT permitted** to bring following items on the field trip:

- cash
- cell phones
- electronics such as ipads/tablets/electronic game/etc...
- any items that would otherwise not be permitted at school

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

My child and I understand that the school’s Code of Conduct applies during this field trip. **I will be responsible for any costs caused by my child’s failure to abide by the Code of Conduct, including any costs to send my child home.**

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

Accidents can be the result of the nature of the activity and can occur with or without any fault on the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring and agree that this activity, as described above, is suitable for your child.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

In signing this Consent and Waiver, I am not relying on any oral or written representations or statements made by School Board and its servants, agents, employees, authorized volunteers, or the Ministry of Education to induce me to permit my child to take the trip other than those set out in this Consent and Waiver.

Initials:
parent/guardian 1 _____ parent/guardian 2 _____

I am 19 years of age or more and have read and understand the terms of this Consent and Waiver and understand that it is binding upon me, my heirs, executors and administrators. **Parents/Guardians may witness for one another.**

Parent/Guardian 1

Date: _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Address: _____

Witness (must be at least 19 years of age):

Signature of Witness

Printed Name of Witness

Address: _____

Parent/Guardian 2

Date: _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Address: _____

Witness (must be at least 19 years of age):

Signature of Witness

Printed Name of Witness

Address: _____

NOTE: This consent and waiver must be signed by ALL custodial parents or guardians of a child who is under the age of 19 years.