



OFF-SITE ACTIVITY(IES) PARENT/GUARDIAN ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to completing this form)

SCHOOL: SASKATOON CHRISTIAN SCHOOL STUDENT NAME: _____
 PROGRAM/ACTIVITY: Gr 9 & 10 Winter Retreat DATE(S): February 13 - 15, 2019
 OR
 SERIES OF OFF-SITE ACTIVITIES (Specify program): Sledding, snow shoeing, building fires, hiking
 TEACHER-IN-CHARGE: Mr. Long

SPSD BOARD RESPONSIBILITIES

- The board will make every reasonable effort to ensure or ascertain that:
- The staff, volunteers and/or service providers involved are suitably trained and qualified.
 - The students are adequately supervised over all aspects of the program/activity.
 - The location(s) used are appropriate and safe for the activity(ies) and group.
 - Equipment used has been inspected and deemed appropriate and safe.

POTENTIAL HAZARDS

Potential known hazards include the following: Sprain, break bone, slip, fall, hypothermia

UNDERSTANDING AND ACKNOWLEDGEMENT OF RISK

- Mode of Transportation: Bus By: Hertz
- I accept this mode of transportation for this activity: Yes No OR
 I permit my child to use alternate means of transportation. Specify means: _____
- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- 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.
- 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 administrator's, instructors, and supervisors over all phases of the program/activity.
- In the event that 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.
- I acknowledge that it is my responsibility to advise the board of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.
- I consent that the board, 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.
- Based on my understanding and acknowledgement of risks as described herein, I agree that: _____
 has my permission to participate in this program/activity.
 Date: _____ Name (Please print): _____ Signature: _____

TRIP EMERGENCY MEDICAL INFORMATION (Please let the office know if any information has changed)

Each and every trip that our students take off campus, requires your permission. Every teacher will be taking with them the emergency medical forms that were sent home, filled in by you and then returned to the office. These forms are called Demographic Data Updates. If any of that information has changed, please notify the school office immediately.