WETASKIWIN REGIONAL PUBLIC SCHOOLS

"Inspiring students to become the best they can be."

FORM 260-1

AUTHORIZATION TO PARTICIPATE IN EDUCATIONAL EXCURSIONS OR COMPETITIVE SPORTS

The Grades 1 & 2 Students of Ecole Queen Elizabeth School are

arranging at

(Description of activity) to attend a science presentation

Address & Location of Activity The Telus World of Science, 11211-142 Street, Edmonton, AB

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT. **There is a $13 fee and we ask that you send your child with a bag lunch (non heatable and disposable)**

ELEMENTS OF RISK: Educational activity programs and athletic activities involve certain elements of risk of injury. The risk of sustaining an injury results from the nature of the program or activity. Falls, collisions and other incidents may occur and cause injury. Injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Injury can occur without fault of the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this program or activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in a science presentation at the Telus World of Science in Edmonton, AB

on Wednesday, June 6, 2018 You must understand that you may bear responsibility for any injury that may occur.

Parent/Student Declining School Provided Transportation

That the parent accepts that School Board's Student Accident insurance does not apply during the transportation portions of the trip, and the student is only covered from when he arrives at the school sponsored off-site activity, until he leaves the off-site activity.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE; WE UNDERSTAND THAT THERE ARE RISKS ASSOCIATED WITH PARTICIPATING IN THE PROGRAM / ACTIVITY DESCRIBED ABOVE. WE ASSUME RESPONSIBILITY TO DO ALL WITHIN OUR INFLUENCE TO REDUCE AND ELIMINATE THOSE RISKS.

AUTHORIZATION TO PARTICIPATE:

I give _____ permission to participate in the Science presentation
(Name of student) *(Description of program/activity)*

at Telus World of Science, Edmonton, AB to be held on or about Wednesday, June 6, 2018

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Revised: March 10, 2016