



**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)**



WALKATHON 2018 - Elementary

To the Parent(s)/Guardian(s) of: _____ Grade: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

If this form is not signed and returned to the school by **October 3, 2018** your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: **SAA Walkathon 2018** DATE: **Friday, October 5, 2018**

SERIES OF OFF-SITE ACTIVITIES (Specify program): Physical & Health Education, Social Studies, and Career Education

PURPOSE OR EDUCATIONAL GOAL(S): This is an annual school fundraising event.

ITINERARY/ACTIVITIES: **Primary and Intermediate students will be walking designated routes appropriate for their grade level.**

METHOD OF TRANSPORTATION: **Walking**

LEAD TEACHER: **Classroom Teacher** TOTAL NO. OF SUPERVISORS PLANNED: **4 or 5**

SUPERVISORY ARRANGEMENTS: **Classroom teachers and parent volunteers will be walking with the students**

COST TO THE STUDENT: N/A WHAT TO BRING: **a small backpack containing a water bottle and snack**

OTHER CONSIDERATIONS: **wear good footwear (outdoor runners) and dress for the weather!**

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: **Crossing streets, walking along sidewalks**

Additional Comments/Requirements: **Hot dog lunch will be provided after the Walkathon; students will be dismissed at 1:00 PM after the Walkathon is completed.**



CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: **SAA Walkathon 2018** Date: **Friday, October 5, 2018**

1. 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.
2. 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 arising from his/her participation.
3. 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 administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event 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.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ (Date of Birth) _____ has my permission to participate.

Today's Date: _____ Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Parent email: _____

Parent/Guardian Contact Numbers: Daytime _____ Evening _____