

3. SUPERVISION: *[Describe what levels of supervision will/will not be provided.]*

Students will be put in groups no larger than 8 (as per ratio guidelines) and will travel around as a group to the various booths. Teacher will walk around with or without a group to do all-around supervision. Chaperones will stay with group as they visit each booth.

4. HEALTH AND MEDICAL TREATMENT:

- My child does not have any illness, allergy, or disability that prevents his or her participation in this event
- My child has an illness, allergy, or disability that could affect his or her participation in this event.

List illness, allergy, or disability: _____

5. EQUIPMENT AND CLOTHING:

I will supply appropriate equipment and clothing for my child's participation in this activity as identified.

I acknowledge that it is the responsibility of me and my child to ensure that all necessary equipment and clothing is brought by my child to the event and acknowledge that my child may be prevented from participation if s/he does not have all necessary equipment and clothing.

6. CODE OF CONDUCT & ACTIVITY SITE RULES AND REGULATIONS:

My child and I understand that the School Code of Conduct applies during this activity. My child and I also understand that site rules and regulations are in place for this activity and my child agrees to abide by these rules and regulations. I acknowledge that I have explained to my child that any prohibited actions may result in my child not being allowed to participate or continue in the activity.

7. RISK OF ACCIDENT:

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

8. NON-PARTICIPATION IN THIS EVENT:

I understand that if I am not comfortable with my child participating in this activity that arrangements will be made for my child to remain at the School during School hours and my child will not be penalized for non-participation.

9. CONTACT INFORMATION:

Should the School need to contact me during this event:

- Contact Number Valid for the Time of the Activity: _____
- Alternative Contact Information: _____

10. CONSENT

In signing this Consent, I am not relying on any oral or written representation or statement(s) made by the School Board, its servants, agents, employees, or authorized volunteers to induce me to allow my child's participation in this activity other than those contained in this Consent.

I acknowledge the Privacy Notice, above.

I am 19 years of age or older and I have carefully read the contents of this Consent Form and have clarified any concerns with the staff at the School organizing the event or the School Principal before signing each page. I understand that it is a legal document that is binding on me, my heirs, executors and administrators.

Name of Legal Guardian

Signature of Legal Guardian

Date