

SSDEC STUDENT EXCURSION FORM

A: PARENT/GUARDIAN ACKNOWLEDGEMENT OF RISKS AND RESPONSIBILITY

I, _____ give permission for _____ to participate
(Print Parent/Guardian Name) (Print Student Name)

in (the) _____, and related events and activities.
(Program/Activity)

I UNDERSTAND AND AGREE WITH THE FOLLOWING STATEMENTS:

1. I believe that my son/daughter is physically, emotionally and mentally able to fully participate in this program and as such have given my unqualified permission for them to take part.
2. I am familiar with, and have discussed with my son/daughter all the applicable rules for participation in this program and agree that they are appropriate.
3. My son/daughter's equipment is mechanically fit and suitable for use in this program.
4. I understand that at all times during my son/daughter's participation in this program, they have shared responsibility for their safety.
5. I understand that this activity has associated with it greater inherent dangers than an in-school activity and that by signing the form I agree to hold blameless the chaperones, staff, school, DEA, Council & GNWT in the case of an accident.
6. I understand and agree that my son's or daughter's luggage or clothing may be searched for contraband prior to departure. No one must submit to this search if their luggage or person remains behind.
7. I understand and agree that my son's or daughter's luggage or clothing may be searched for contraband during the trip. If refused the police will be contacted.
8. I understand that if my son/daughter seriously breaches the rules of behaviour during this excursion they will be sent home by the chaperone(s), and that I will be responsible for paying all associated costs.
9. I understand and agree that my signing of this document constitutes an assumption of risks associated with my minor child's participation in this program; a final release and waiver of liability of the program organizer and all persons and organizations associated with the program and an undertaking not to sue for loss, injury, costs or damages arising from the participation of my minor child/ward in the program

I HAVE READ THIS STATEMENT OF RISKS AND RESPONSIBILITIES – I UNDERSTAND AND AGREE WITH WHAT I HAVE READ - AND I CHOOSE TO SIGN IT.

(Parent/Guardian's Signature)

(Date Signed)

B. PARTICIPANT’S ACKNOWLEDGEMENT OF RISKS AND RESPONSILITIES

I wish to participate in the _____ program, related events and activities.

I UNDERSTAND AND AGREE WITH THE FOLLOWING STATEMENTS:

- 1. I understand that this activity has associated with it greater inherent dangers than an in-school activity.
- 2. My parents and I believe that I am physically, emotionally and mentally able to fully participate in this program.
- 3. I am familiar with, and will follow, all the applicable rules for participation in this program.
- 4. My equipment is mechanically fit and suitable for my use in this program.
- 5. I understand that at all times during my participation in this program, I have shared responsibility for my safety.
- 6. If, during the course of my participation in this program:
 - a) I learn, or become aware, of a change in my health, physical, emotional or mental condition, or
 - b) I feel unsafe or threatened for any reason, or
 - c) I notice anything unsafe about the program,

I WILL IMMEDIATELY STOP PARTICIPATING and INFORM THE NEAREST OFFICIAL.

- 7. I understand that if I seriously breach the rules of behaviour during this excursion I will be sent home by the chaperone(s), and that I will be responsible for paying all associated costs.
- 8. I HAVE READ THIS STATEMENT OF RISKS AND RESPONSIBILITIES – I UNDERSTAND AND AGREE WITH WHAT I HAVE READ – AND I CHOOSE TO SIGN IT.

_____ (Print Participant’s Name) _____ (Participant’s Signature) _____ (Date)

_____ (Print Witness’ Name) _____ (Witness’ Signature)

NOTE: PARENT/GUARDIAN RELEASE ON REVERSE MUST ALSO BE SIGNED

C: MEDICAL INFORMATION/RELEASE

I, _____, hereby authorize:
(Print Parent/Guardian Name)

_____, or
(Print Chaperone Name)

_____, or
(Print Chaperone Name)

(Print Chaperone Name)

to arrange emergency medical treatment for _____ as
required. (Print Student's Name)

(Parent/Guardian's Signature)

(Date Signed)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NWT Health Care Number: _____

Allergies: _____

List any medical conditions/concerns that the chaperones should be aware of:

Emergency Contact(s):

(Name & Phone Number(s))

(Name & Phone Number(s))

D: SPECIFIC EXCURSION INFORMATION

Description/Times & Dates:

Material/Equipment List:

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If you have any questions regarding the excursion please don't hesitate to contact us.

(Chaperone)

(Chaperone)