CALGARY SCIENCE SCHOOL

INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK FORM

FOR LOCAL OFF SITE ACTIVITIES

2013-2014

THIS CONSENT AND ACKNOWLEDGEMENT OF RISK FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF ANY STUDENT PARTICIPATING IN ACTIVITIES AT THE WEASELHEAD NATURAL AREA, NORTH GLENMORE PARK, AND/OR THE LAKEVIEW OUTDOOR SKATING RINK. NO FURTHER CONSENT WILL BE REQUIRED, HOWEVER ADVANCE NOTICE OF ACTIVITIES TAKING PLACE AT THESE LOCATIONS WILL BE PROVIDED BY THE ORGANIZING TEACHER(S).

PLEASE READ THIS INFORMED CONSENT AND ACKNOWLEDGMENT OF RISK FORM CAREFULLY AND DIRECT ANY QUESTIONS TO SCHOOL ADMINISTRATION BEFORE INDICATING ACCEPTANCE.

**ACTIVITY DETAILS**

DESTINATION / ACTIVITY: **Lakeview Community Ice Rink - Skating**

DATE(S): **Dec 4, 2013 – May 31, 2014**

CURRICULAR OUTCOMES: **Physical Education, Daily Physical Activity**

ITINERARY / ACTIVITIES:

PER STUDENT COST: None

WHAT TO BRING: **Ice skates, helmet, winter clothing**

METHOD OF TRANSPORTATION: **Walking**

SCHOOL CONTACT: Main office 403-282-2890

SUPERVISION RATIO: **25:1**

NO. OF PARENT VOLUNTEERS REQUIRED: **None**

**ADDITIONAL INFORMATION: All students stepping on to the ice must be wearing an**

 **approved helmet for ice skating.**

**BOARD RESPONSIBILITIES**

**The Board of the Calgary Science School will make every reasonable effort to ensure that:**

1. Staff, volunteers, and/or service providers are suitably trained and qualified to lead this activity/program.
2. Students will be adequately supervised during all aspects of the program / activity.
3. The location(s) used for this activity/program are appropriate for the planned itinerary and group.
4. Equipment used for this activity/program has/have been inspected and deemed safe.
5. A Safety Plan has been developed to identify and manage known potential risks.
6. An Emergency Plan is in place to deal with an injury or illness to any student.

**POTENTIAL RISKS AND PERILS ASSOCIATED WITH PARTICIPATION IN THIS ACTIVITY INCLUDE BUT ARE NOT LIMITED TO:**

**Transportation**

☐ Incidents and mishaps while **walking** between the school and the Lakeview Community Outdoor skating rink.

**Environmental**

☐ Weather related causes, including but not limited to: hypothermia, lightning strike, heat

 stroke, heat exhaustion, and dehydration.

**Pre-existing medical conditions**

☐ As identified on the student health information form. PLEASE NOTE THAT PARENTS MUST

 NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES TO A STUDENT’S HEALTH

 INFORMATION.

**Activity related perils**

 **Skating**

☐ Cuts, bruises, sprains, head trauma or fractures resulting from falling on ice

☐ Injuries or death from head trauma, broken bones, and/or soft tissue damage resulting from

walking between the school and the skating rink.

# ACKNOWLEDGEMENT OF RISKS:

I HAVE READ THE ABOVE, AND UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITIES DESCRIBED HEREIN, I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO ON BEHALF OF THE STUDENT NAMED ON THIS FORM. THE RISK OF SUSTAINING AN INJURY OR DEATH MAY OCCUR FROM THE NATURE OF THE ACTIVITY AND CAN OCCUR WITHOUT FAULT OF EITHER THE STUDENT, OR THE SCHOOL BOARD, ITS’ EMPLOYEES/AGENTS. BY CHOOSING TO TAKE PART IN THIS ACTIVITY, YOU ARE ACCEPTING THE RISK THAT YOUR CHILD MAY BE INJURED OR KILLED.

# INFORMED CONSENT:

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to participate in **skating at the Lakeview community outdoor rink** to be held on or about **December 4, 2013 – May 31, 2014.**

 (Name of student)

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_