

Journey Middle School
**CONSENT FORM
FOR CHILD PARTICIPATING IN
MODERATE RISK AND
OVERNIGHT ACTIVITY**

ARCHERY TAG EXPLORATORY

Term 1: October 4th – November 29th , 2018

In consideration of School District No. 62 (Sooke) offering my child _____, an opportunity to participate in an Archery Tag exploratory on Thursdays from October 4th – November 29th ,2018, I waive any and all claims I may have against, and release from all liability and agree not to sue the Board of School Trustees of School District No. 62 (Sooke) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the Archery Tag exploratory.

I hereby give my consent and acknowledge by my signature that:

My child and I understand that they will be participating in the school gym or outside. My child will be participating in this exploratory on Thursday afternoons after lunch from 1:15pm-2:55pm from October 4th , 2018- November 29th , 2018.

_____ **Initial**

During this exploratory, up to 28 students will be: Learning how to shot foam arrows using bows at targets and each other in a variety of tag style games. Fair play, respect for others and equipment, and following all rules and safety guidelines will be strictly enforced. Failure to follow safety rules may be grounds for being dismissed from this exploratory.

_____ **Initial**

The students will be supervised by Mr. Sulzen however, your child will not necessarily be supervised by an adult at all times. When necessary, they may be supervised by an SD 62 Teacher on Call.

_____ **Initial**

My child has no illnesses, allergies or disabilities that may require special attention, except as described here:

_____ **Initial**

My child and I are aware of the usual risks and dangers inherent in participation in all of the activities associated with this activity and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to:

_____ **Initial**

- Outdoor activities during weather with wet and cold conditions and risk of hypothermia.
- Potential injury from equipment failure, (example: student using a broken arrow by mistake that could injure themselves or another student), and potential for injury from damaged or broken arrows or bows (equipment will be inspected daily before use for signs of wear or damage by students and strict procedures will be in place for identifying and reporting any potential problem).
- Bruises from close range foam arrow strikes, or bruises from bow string striking the forearm.
- Conduct of the guide, teacher, chaperone or other group members.
- Falling, tumbling or slipping with equipment in hand that could cause injury or accidentally running into another student with equipment in hand that could cause injury.
- The possibility that your child or another child may not heed safety instructions or restrictions given to the group (example: student not wearing safety mask at all times and being struck with a foam arrow).

I will supply suitable equipment and clothing for my child's participation in all activities associated with the exploratory, including: Coat, proper footwear, rain gear, and clothing that can get dirty or ruined.

_____ **Initial**

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing.

_____ **Initial**

My child and I understand that the school's Code of Conduct applies during this exploratory. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs for intentionally broken equipment.

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Accidents can be the result of the nature of the activity and can occur with or without any fault on either part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

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In signing this consent and Waiver, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to participate in this activity, other than those set out in this Consent and Waiver.

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I am 19 years of age or more and have read and understand the terms of this Consent and Waiver and understand that it is binding upon me, my heirs, executors and administrators.

Initial

Date:

Signature of Witness

Signature of Parent/Guardian

Printed Name of Witness

Printed Name of Parent/Guardian

Address

Address

NOTE: This Consent and Waiver must be signed by a custodial parent or guardian of a child who is under the age of 19 years and witnessed by an adult who is not employed by SD 62.