

**JOURNEY MIDDLE SCHOOL  
CONSENT AND WAIVER FORM**  
For Child Participating In Moderate Risk Activity

**MOUNTAIN BIKING EXPLORATORY**  
**TERM 1 October 4<sup>th</sup> – November 29<sup>th</sup>, 2018**

**In consideration of School District No. 62 offering my child, \_\_\_\_\_, an opportunity to participate in a series of exploratory off campus biking outings for grade 6, 7, and 8 students. I waive any and all claims I may have against, and release from all liability and agree not to sue The Board of Trustees of School District No. 62 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 field trip, arising out of any cause whatsoever, including negligence.**

*Initial* \_\_\_\_\_

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

Students will be going to the Sooke Hills, Galloping Goose Trail, Broomhill, and Harbourview areas, and will be away from the school from 1:15 to 2:45pm on Thursdays. They will be travelling by bicycle.

*Initial* \_\_\_\_\_

On this exploratory, students will be riding a variety of trails on their mountain bikes.

*Initial* \_\_\_\_\_

The students will be supervised by Mr. Kovacik; or a teacher on call in his absence: It must be understood that the nature of the activity is such that your child may not necessarily be within Mr. Kovacik's sight at all times.

*Initial* \_\_\_\_\_

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

*Initial* \_\_\_\_\_

I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this exploratory, 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:

1. *Program locations*
2. *Rugged terrain*
3. *Weather*
4. *Equipment breakages, failures*
5. *Delay in rescue, accessibility*
6. *The possibility that your child may not heed safety instructions or restrictions given to the group.*

*Initial* \_\_\_\_\_

I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including bicycle and helmet. 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 of this exploratory. 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 to send my child home.

Initial \_\_\_\_\_

**Accidents can be the result of the nature of the activity and can occur with or without any fault on either the 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.**

Initial \_\_\_\_\_

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 take the trip, other than those set out in this Consent and Waiver.

Initial \_\_\_\_\_

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.

Date: \_\_\_\_\_

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 parent or guardian of a child who is under the age of 19 years. The waiver must also be witnessed by an adult who is not an employee of SD 62.