**JOURNEY MIDDLE SCHOOL**

**CONSENT AND WAIVER FORM**

For Child Participating In Moderate Risk Activity

**Rugby Exploratory**

**Term 2 January 31 – March 14, 2019**

**In consideration of School District No. 62 offering my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an opportunity to participate in the school rugby exploratory, for the duration of term 2, 2019. 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 this club, arising out of any cause whatsoever, including negligence.**

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

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

During this exploratory,students will be participating on an outdoor field in cardio-based exercise and learning basic rugby techniques from trained coaches.

# Initial \_\_\_\_\_\_\_\_\_

The students will be supervised during the practices. Contact Rugby is not to be done unsupervised.

# 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 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: *(provide specific and comprehensive information on any risks that are applicable. Some examples follow)*

1. *High-risk sport*
2. *Program locations (including restrictions of the space used)*
3. *Field (differing field types)*
4. *Cleats*
5. *Person to person contact (some approximate size and size limits)*
6. *Falling on field*
7. *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 this exploratory (athletic wear and MOUTHGUARD)

# 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 of this exploratory. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing (MOUTHGUARD is mandatory).

# Initial \_\_\_\_\_\_\_\_\_

My child and I understand that the school’s Code of Conduct applies during this activity. 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:

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 ALL custodial parents or guardians of a child who is under the age of 19 years.