JOURNEY MIDDLE SCHOOL CONSENT AND WAIVER FORM

For Child Participating In Moderate Risk Activity

MOUNTAIN BIKING EXPLORATORY

TERM 2 January 31 – March 14, 2019

In consideration of School District No. 62 offering my child, an opportunity to participate in a series of exploratory off campus biking outing for grade 6, 7, and 8 students. I waive any and all claims I may have against, an 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 representative and the Ministry of Education for any personal injury, death, property damage closs sustained as a result of my child's participation in the field trip, arising out any cause whatsoever, including negligence.	nd ves, or
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.	
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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 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 dam or loss resulting from the activities. The dangers and risks may include, but are not limited to	
 Program locations Rugged terrain Weather Equipment breakages, failures Delay in rescue, accessiblity 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 reassociated with the field trip, including bicycle and school for further information if I am unaware what activities or possible weather conditions of this expour responsibility to ensure my child has all necess	d helmet. I am aware that I should contact the at clothing and equipment is required for the ploratory. My child and I understand that it is sary equipment and clothing.
	Initial
My child and I understand that the school's Code will be responsible for any costs caused by my child including any costs to send my child home.	
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the part of the student, or the school board or it taking place. By allowing your son/daughter to	activity and can occur with or without any fault on either ts employees or agents, or the facility where the activity is participate in this activity, you are accepting the risk of ity, as described above, is suitable for your child.
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by the School Board and its servants, agents, empl	ng on any oral or written representation or statements made loyees, or authorized volunteers, or the Ministry of e the trip, other than those set out in this Consent and
waivel.	Initial
I am 19 years of age or more and have read and ununderstand that it is binding upon me, my heirs, ex	nderstand the terms of this consent and waiver, and xecutors and administrators.
Date:	Date:
Signature of Witness	Signature of Parent/Guardian
Signature of withess	
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.