



PALLISER REGIONAL SCHOOLS
Informed Consent/Permission Form
for Minor Tours

DETAILS OF TOUR

Nature of Tour: RIBMS School Ski Trip

Date: Thursday, January 24, 2019

Leave: 6:15 am

Return: 5:30 pm

Destination: Castle Mountain Ski Resort

Summary of Activities (Itinerary Attached): Students will take ski/ability lessons, then ski for the remainder of the day.

Supervisor(s): RIBMS staff and parents to meet the required adult/student ratios for Gr. 5/6 and 7/8.

Transportation Arrangements: _____ School Bus _____ Car: _____
(Name of volunteer providing vehicle with whom child will be traveling)

_____ X Commercial Bus _____ Other: _____

Cost to Student: prices vary according to grade/package – see info sheet

Contact Person: Jason Prebushewski Phone: 345.3340

ELEMENTS OF RISK

Educational activity programs such as skiing, involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injuries which may result from participating in skiing/snowboarding. Various injuries such as sprains, frost bite, cuts and bruises and other injuries associated with being outdoors, skiing and snowboarding.

The risk of sustaining these types of injuries results from the nature of the activity and can occur without fault of the student or the School Board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be greatly reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in the RIBMS ski trip on January 24, 2019, you must understand that you bear the responsibility for any injury that may occur.

The Board of Trustees of Palliser Regional School Division No. 26 does provide accidental death, disability or dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

We have read the above. We understand that by participating in the activity described above, we are assuming the risks associated with doing so.

Signature of Student

Date

Signature of Parent/Guardian

Date

PERMISSION

I give _____ (name of student) permission to participate in the RIBMS ski trip.

Signature of Parent/Guardian

Date

AHC number for student: _____

Medical conditions we should be aware of:

Medication to be administered (provided student has signed consent in the office already)
