

**VANCOUVER COLLEGE**  
**FIELD TRIP PARENT CONSENT AND ASSUMPTION OF RISK FORM**  
**For Child Participating in Overnight and/or Higher Risk Activity**

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Student Name: \_\_\_\_\_

Vancouver College students will be going on a field trip to \_\_\_\_\_ (location) and will be away from the school from \_\_\_\_\_ (time) to \_\_\_\_\_ (time). They will be travelling by \_\_\_\_\_ (method of transportation).

On this field trip, student activities include:

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The class will be supervised by:

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Please be advised that for older students (beyond Grade 5) your child will not be supervised by an adult at all times.

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

**RISKS**

I am aware that there are physical risks inherent in my child's participation in this field trip, which include but are not limited to:

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I also understand that injuries sustained from participation in this field trip can be severe and even fatal.

I accept the physical risks inherent in the participation in all of the activities associated with this field trip. I agree that this field trip, as described above, is suitable for my child and I consent to my child's participation in all of the activities associated with this field trip.

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

**CHILD'S MEDICAL CONDITION**

I acknowledge that it is my responsibility to advise Vancouver College of any medical and/or health concerns of my child which may affect his participation in this field trip. My child has no illnesses, allergies, disabilities, mental or physical conditions that may require special attention or pose safety risks, except as described here:

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

**CLOTHING AND EQUIPMENT**

My child and I understand that it is our responsibility to ensure that my child has all necessary equipment and clothing for his participation in all activities associated with this field trip. I also understand that I should contact Vancouver College for further information if I am unaware what equipment and clothing is required for the activities or possible weather conditions of this field trip.

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

**RULES**

My child and I understand that Vancouver College’s school rules apply during this field trip and that if my child fails to abide by these rules he will be sent home immediately at the discretion of Vancouver College staff. I agree that I am legally responsible for any loss, injury or damage caused by my child’s failure to abide by these rules including any costs to send my child home.

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

**RELEASE AND REIMBURSEMENT**

In return for Vancouver College Limited (referred to in this Parent Consent and Assumption of Risk Form as “**Vancouver College**”) allowing my child to participate in this field trip, I agree to release:

1. Vancouver College (2002) Trust, Vancouver College and each of their directors, trustees, officers, employees, agents, and volunteers;
2. the Ministry of Education;
3. the owners and/or operators of the facilities where this field trip is taking place and each of their respective directors, officers, employees, agents and volunteers,

(collectively, the “**Released Persons**”) of all responsibility for any injury, loss or damage which my child may sustain as a result of participating in this field trip, unless such injury, loss or damage is caused by the negligence of any of the Released Persons while acting within the scope of their duties. I understand that I am agreeing not to sue any of the Released Persons for any injury, loss or damage suffered by my child while on this field trip except for injury, loss or damage caused by the negligence of any of the Released Persons while acting within the scope of their duties.

I agree to reimburse any of the Released Persons for all liability, costs and expenses which they may incur as a result of any injury, loss or damage which my child may sustain while participating in this field trip, unless such liability, costs or expenses are incurred as a result of the negligence of any of the Released Persons while acting within the scope of their duties.

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

I am the parent or legal guardian of \_\_\_\_\_ (name of child). I have read and understand the contents of this Parent Consent and Assumption of Risk Form in its entirety and I agree that it is binding on me.

If you require this form in another language, please let Vancouver College know.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Student’s Medical Care Card Number

\_\_\_\_\_  
Address of Parent/Guardian