

**SOUTH DELTA SECONDARY SCHOOL
CONSENT AND WAIVER FORM**

For Students participating with the West Coast Trail Leadership Team in Pacific Rim
National Park May 26 – June 01, 2024

In consideration of The Board of School Trustees of School District No. 37 (Delta) (the “School District”) offering my child, _____, an opportunity to participate in the West Coast Trail Leadership Team in Pacific Rim National Park May 26 – June 01, 2024. I/We waive any and all claims I/We may have against, and release from all liability and agree not to sue, the School District or its trustees, officers, employees, agents, volunteers or representatives or the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of or occurring during my/our child’s participation in the field trip, providing the School District has not engaged in gross negligence or willful misconduct.

Commentary: It is the School District’s intent that this Waiver and Consent Form provide parents with sufficient information about the field trip to facilitate parents making an informed decision about the participation of their child in this activity. This Consent and Waiver Form is not asking parents to give up the right to sue if there has been gross negligence on the District’s part. Nor can a parent give up the right of the child to sue.

Initials _____

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

Students will be going to the West Coast Trail portion of the Pacific Rim National Park on the West coast of Vancouver Island, and will be away from the school from May 26, 2024 to June 01, 2024. They will be travelling by BC Ferries and the West Coast Trail Bus to and from the trail and hiking by foot for the 75km length of the trail.

Initials _____

On this field trip, up to 18 students will be:

Hiking along a 75km wilderness trail with backpacks, ascending and descending ladders with backpacks, cooking meals on camp stoves, tenting, using cable cars to cross rivers, swimming in rivers, fording streams and creeks, hiking immediately adjacent to high, exposed cliffs, ocean waves and currents, and crossing high bridges.

Initials _____

Four school district employees will supervise the students: (Mr. Dan Burgess, Ms. Julia Van Vliet, Mr. Robert McDowell, Ms. Christine Wang). **It is important to note that an adult will not necessarily supervise your child at all times.** They will be sleeping in their own tents and cooking their own meals. Mr. McDowell, Mr. Burgess, Ms. Wang & Ms. Van Vliet will be available for help at all times.

Initials _____

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

Initials _____

I have valid and adequate medical insurance arranged for my child.

Initials _____

I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip, 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. The remote location of the West Coast Trail
2. Unorthodox or high-risk travel arrangements
3. Drowning
4. Rogue Waves
5. Rugged terrain, wet, slippery footing and condition of the trail (including boardwalk sections)
6. Rock fall
7. Weather
8. Delayed rescue, accessibility
9. Potential of exposure to Covid-19 and/or other respiratory illness
10. Conduct of the guide, chaperone or other group members.
11. **The possibility that your child may not heed safety instructions or restrictions given to the group.**

Initials _____

I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip that are not otherwise supplied by the school.

Initials _____

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 field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing.

Initials _____

Accidents, injuries and/or death 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, injury and/or death occurring, and agree that this activity, as described above, is suitable for your child.

Initials _____

My child and I understand that the SDSS Code of Conduct applies during this field trip. 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. It is very important for students and their parents to know that all events organized and sponsored by the school must be alcohol and drug free. Consequences may include being sent home immediately, AT PARENTS' EXPENSE, school suspension, denied participation in future school-sponsored events, including sports, grad, etc.

Initials _____

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.

Initials _____

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.

Signature(s) of Parent/Guardian

Address of Parent/Guardian

Signature(s) of Parent/Guardian

Address of Parent/Guardian (if different)

Signature of Witness

Address of Witness

Signature of Witness

Address of Witness

Date: _____

Date: _____

