

CONSENT FORM

Transportation - Self Arranged

INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT (to be executed by parents / guardians of Individual (Child) who is under the age of majority)

By signing this document, you will assume certain risks and responsibilities, please read carefully.

Individual (Child)'s Name: _____ School Name: _____

Location: _____ Start/Departure Time: _____

Grade/Class: _____ End/Return Time: _____

Teacher/Supervisor in Charge: _____ Date: _____

1. I am the Parent / Guardian of the Individual and have full legal responsibility for the decisions of the Individual.

Parent / Guardian's Name: _____

2. In consideration of the Organization allowing the Individual to participate in the Activities, the Parent/Guardian/Individual agree:
 - A. The Organization is not responsible for transportation to and from the Activities, and therefore will not be providing or supervising transportation to the Activities;
 - B. By granting permission for the Individual to participate in the Activities for which the Parent/Guardian/Individual must arrange transportation, the Parent / Guardian accepts all responsibility and liability for such transportation and any and all actions of the Individual during transportation;
 - C. That the Parent/Guardian/Individual must arrange for transportation to and from the locations of the Activities;
 - D. That the Organization does not have any involvement, control, or supervision over transportation provided by parents/guardians, other adults, other students and anyone else transporting participants, nor does the Organization make any statements or assurances regarding such transportation;

Acknowledgement

3. The Parent/Guardian/Individual acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to
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be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

_____	_____	_____
Name of Individual (print)	Signature of Individual	Date
	(For students 18 years of age or older)	

_____	_____	_____
Name of Parent / Guardian (print)	Signature of Parent / Guardian	Date
	(For students under 18 years old)	

The information collected on this form is being collected pursuant to the Education Act (Student Record Regulation), the Freedom of Information and Protection of Privacy (FOIP) Act, and Section 23 of the Canadian Charter of Rights and Freedoms. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or Parkland School Division's FOIP Coordinator, 780.963.8411

