

Texada Elementary School

Telephone: (604) 486-7616 Fax: (604) 486-7488

Rhonda Gordon
Principal



Box 40 Van Anda, BC
V0N 3K0

To the Parent(s)/Guardian(s) of: _____ Grade _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form.
Clarify any questions or concerns with Mrs. Gordon or Mrs. Groves BEFORE signing it.

Your child WILL NOT BE ALLOWED TO PARTICIPATE until the signed paperwork is returned to school.

PROGRAM/ACTIVITY INFORMATION

ACTIVITY: Indoor Rock Climbing/Bouldering

DATE(S): _____

SCHOOL RESPONSIBILITIES

The school will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. Equipment used has been inspected and deemed appropriate and safe.
- d. A Safety Plan is in place to identify and manage known potential risks.
- e. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

Known Potential Risks

- Falling while climbing.
- Injuries related to slips, trips and falls in the climbing area.
- Injuries related to collisions with movable (e.g., other students) or immovable (e.g., wall) objects;
- Injuries related to objects falling from above;
- Injuries related to equipment malfunction.
- Psychological injury due to anxiety or embarrassment;
- Other risks normally associated with participation in the activity and environment.

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CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: Indoor Bouldering Wall Date: _____

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation.
5. I acknowledge that it is my duty to advise my child's teacher of any medical/health concerns of my child that may affect his/her participation.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) _____ (Date of Birth) _____ has my permission to participate.

Date: _____ Name (*Please print*): _____ Signature: _____