



SCHOOL DISTRICT NO. 73  
(Kamloops-Thompson)

# ISP ACTIVITY – FIELD TRIP CONSENT APPENDIX B

## CONSENT AND RELEASE OF LIABILITY OR ALL CLAIMS FOR ANY ACTIVITY OR FIELD TRIP with SD 73

In consideration of School District No. 73 (Kamloops-Thompson) ("SD73") and the assigned homestay family allowing my/our child, \_\_\_\_\_, to enjoy a wholesome/well rounded experience in Canada and to have a certain amount of independence of choice and to participate in outings or events (particularly with peers), I/ we do hereby release, forever discharge and agree not to sue SD73, its heirs, executors, administrators, successors, assigns, officers, employees, agents, servants, homestay family, volunteers, representatives, or the Ministry of Education in connection with any and all claims, actions, causes of action and demands involving the negligence of any persons which I/we can, shall or may have for any personal injury, death, property damage or any other damage or loss sustained as a result of, arising out of, or in any way caused by my child's participation in a number of field trips and activities which may expose my child to risk including but not limited to skiing, snowboarding, mountain biking, longboarding, mountain climbing, kayaking, and any other sport or leisure activity several times during their school year in Canada both with the SD73 Activities program and outside of the regular SD73 International Student Program.

I understand and agree that my child will use transportation that is appropriate as recommended by the International Student Program; namely traveling with a SD73 sanctioned Homestay Family or by using a commercial bus program.

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_

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I/we understand my/our child will receive orientations to cover safety precautions and a skill/ability assessment prior to engaging in any risk activity. He/she will is required to follow all safety precautions, failure to comply with these terms will compromise the student's safety and may be cause for cancelling the activity. Any resulting consequences will not be the responsibility of SD73.

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_

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I/we understand and agree that students will be supervised by adult volunteers from the Kamloops International Student Program. I/we hereby give consent and acknowledge that, because of the nature of sports and leisure activities my/our child will not necessarily be supervised by an adult at all times.

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_

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I/we hereby give consent and acknowledge that, on field trips, my/our child will be participating in high risk sports and leisure activities.

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_

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IT IS UNDERSTOOD AND AGREED by me/us that SD73 has no ability to provide any supervision or guardianship whatsoever for my/our child during the Activity.

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_

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INTERNATIONAL  
STUDENT PROGRAM**

I/we am/are aware of the usual risks and dangers inherent in participation in high risk sports and leisure activities and of the possibility of personal injury, death, property damage or other loss resulting from these activities. The dangers and risks may include, but are not limited to:

1. Unorthodox or high-risk travel arrangements
2. Activity locations
3. Rugged terrain
4. Rock fall and avalanches
5. Weather
6. Equipment breakages, failures
7. Delayed rescue, accessibility
8. Conduct of the guide, chaperone or other group members
9. The possibility that your child may not heed safety instructions or restrictions given to the group

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_

My/our child and I/we understand that the school's Code of Conduct applies during this field trip. I/we will be responsible for any cost caused by my/our child's failure to abide by the Code of Conduct, including any costs to send my child home.

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_

Accidents can be the results of the nature of the activity and can occur with or without any fault on either the part of my/our child, SD73 or its employees or agents, or the facility where the activity is taking place. By allowing my/ our child to participate in this activity, I/we am/are accepting the risk of an accident occurring and agree the high risk sports and leisure activities are suitable for my child,

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_

In signing this Consent and Waiver, I/we am/are NOT relying on any oral or written representation or statements made by SD73 and its servants, agents, employees or authorized volunteers, or the Ministry of Education, to induce me to permit my/our child to take the trip, other than those set out in this Consent and Release.

(initials of mother / father) \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_



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IT IS FURTHER UNDERSTOOD AND AGREED that I/we have **READ AND UNDERSTAND** this **Release of Liability or All Claims** and hereby confirm that this release is signed voluntarily and the need for Independent Legal Advice is hereby waived in consideration of now allowing my/our child to participate in the activity and enjoy their stay in Canada.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**SIGNED AND WITNESSED** in the presence of:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Student's Guardian

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Occupation of Witness

**SIGNED AND WITNESSED** in the presence of:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Student's Guardian

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Occupation of Witness

**NOTE:**

- This consent and release must be signed by a custodial parents or legal guardian.
- This consent and release must be signed by a WITNESS. Witness could be a family member/friend or an education consultant/agent/advisor.

**Submit this completed form with your application, failure to do so may result in rejection**

**\* FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.**