DELTA SECONDARY SCHOOL

CONSENT AND WAIVER FORM

For Child Participating In RUGBY or FOOTBALL

In consideration of The Board of School Trustees of School District No. 37 (Delta) (the "School District") offering my child,, an opportunity to participate on the <u>rugby or football team</u> . i/We waive any and all claims I/We may have against, and release from all llability 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.	l			
<u>Commentary:</u> It is the School District's Intent that this Waiver and Consent Form provide parents with sufficient information about the fieldtrip 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.				
Initial				
I hereby give my consent, and acknowledge by my signature that:				
The students will be supervised by school employees and/or team coaches. Your child will not necessarily be supervised by an adult at all times.				
Initial				
My child has no illnesses, allergies or disabilities that may require special attention, except as described here:				
Initial				
I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this sport, 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	ŀ			
 Weather Equipment breakages, failures Delayed rescue, accessibility Conduct of the guide, chaperone or other group members. The possibility that your child may not heed safety instructions or restrictions given to the group. Program location High risk sport 				
Initial				

Address	Address
Printed Name of Witness	Printed Name of Parent/Guardian
Signature of Witness	Signature of Parent/Guardian
Date:	
I am 19 years of age or more and have read and uncand understand that it is binding upon me, my heirs	
In signing this Consent and Waiver, I am not relying statements made by the School Board and its servat volunteers, or the Ministry of Education, to induce rugby, other than those set out in this Consent and	nts, agents, employees, or authorized me to permit my child to play football or
accepting the risk of an accident occur described above, is suitable for your ch	
Accidents can be the result of the natur or without any fault on either the part of its employees or agents, or the facility of By allowing your son/daughter to partic	f the student, or the school board or where the activity is taking place. Elpate in this activity, you are
any costs to send my child home.	Initial
My child and I understand that the school's Code or responsible for any costs caused by my child's fail	
and clothing.	Initial
and equipment is required for the activities or poss child and I understand that it is our responsibility to and clothing.	o ensure my child has all necessary equipment

Signature of Witness	Signature of Parent/Guardian
Printed Name of Witness	Printed Name of Parent/Guardian
Address	Address

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.