



**APPENDIX - C
PARENT CONSENT FORM FOR EDUCATIONAL FIELD TRIPS/EXCURSIONS
(Students Under 18 years)**

Our Lady of Providence _____ of the Brant Haldimand Norfolk Catholic District School Board is arranging
 (Name of School Program) Grade 7 - Treetop Trekking - Binbrook, Ontario - Sharp Bus

 (description of activity, location, dates and mode of transportation)
Friday, June 7th, 2024

 (description of activity, location, dates and mode of transportation - continued)

ELEMENTS OF RISK

Educational activity programs, such as Treetop Trekking, which is being offered, involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all time while engaged in the activity.

If you choose to participate in Treetop Trekking on Friday, June 7th, 2024, you must understand that you will bear responsibility for any accident that might occur.

The Brant Haldimand Norfolk Catholic District School Board does not provide any accidental death, disability, dismemberment, dental or medical expenses insurance on behalf of the students participating in this activity.

The Brant Haldimand Norfolk Catholic District School Board strongly advises that all students participate in the STUDENT ACCIDENT INSURANCE PLAN offered by the Reliable Life Insurance Company which covers participants for all accidents, 24 hours per day, every day during the full policy term.

ACKNOWLEDGMENT

We have read the above. We understand that in participating in the Treetop Trekking activity, we are assuming the risks associated with doing so.

Signature of Student: _____ Date: _____
 (Optional depending upon age)

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the Treetop Trekking to be held on or
 (please print full name of student)
 about Friday, June 7th, 2024.

Signature of Parent/Guardian: _____ Date: _____

NOTE TO PARENT(S): PLEASE RETURN THIS FORM IN ITS ENTIRETY

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.