



**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 a field trip excursion to see a **performance by III Abilities on Thursday February 22<sup>nd</sup>, 2024 at the Sanderson Centre by busing.**

**ELEMENTS OF RISK**

Educational activity programs, such as **III Abilities performance** 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 **III Abilities performance** on **Thursday February 22<sup>nd</sup>, 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 **III Abilities Performance** activity, we are assuming the risks associated with doing so.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION**

I give \_\_\_\_\_ permission to participate in the **III Abilities Performance** to be held on **Thursday February 22<sup>nd</sup>, 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.**