

_____ Admiral Collingwood Elementary School _____ is arranging
Name of School

_____ **Cross Country Running** _____ on _____ September- November 2019 _____
Description of Activity Date

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OF AGE OR A STUDENT 18 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE.

ELEMENTS OF RISK:

Educational activity programs, such as _____ Cross Country Running _____ involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, the types of injury which may result from participating in:

Please check all injuries that could apply:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Bruises | <input checked="" type="checkbox"/> Cuts/Scrapes | <input checked="" type="checkbox"/> Insect/Bug Bites |
| <input checked="" type="checkbox"/> Breaks/Fractures | <input checked="" type="checkbox"/> Dehydration | <input checked="" type="checkbox"/> Sprains/Strains |
| <input checked="" type="checkbox"/> Concussion | <input checked="" type="checkbox"/> Frostbite | <input checked="" type="checkbox"/> Sun Exposure |

Other: _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

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

If you or the student choose to participate in (activity) _____ Cross Country Running _____ on (date) _____ September – November 2019 _____, you or the student must understand that you bear the responsibility for any injury that might occur.

The Simcoe County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

PARENT/GUARDIAN ACKNOWLEDGEMENT FORM:

I/WE HAVE READ THE ABOVE. I/WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, I/WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

I/We give _____ permission to participate in the
Student Name

_____ Cross Country Running _____ to be held on _____ September – November 2019 _____
Description of Activity Date

_____ Signature of Parent/Guardian _____ Date _____

This information is gathered under authority of the Education Act R.S.O. 1990, c.E.2, part VI s.190 (2), in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56. Information shall be used to arrange activities that are part of school program. Questions regarding information collected in this form may be directed to the school principal.