



CONSENT FORM

Transportation - School Division Provided

INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT (to be executed by parents / guardians of Individual (Child) who is under the age of majority)

By signing this document, you will assume certain risks and responsibilities, please read carefully.

Individual (Child)'s Name: _____ School Name: _____

Location: _____ Start/Departure Time: _____

Grade/Class: _____ End/Return Time: _____

Teacher/Supervisor in Charge: _____ Date: _____

1. I am the Parent / Guardian of the Individual and have full legal responsibility for the decisions of the Individual.

Parent / Guardian's Name: _____

2. In consideration of the Organization allowing the Individual to participate in the Activities, the Parties agree:
 - A. The Organization is providing transportation, and by granting permission for the Individual to participate in the Activities, the Parties agree that the Individual participating must use the school provided transportation going to and from the Activities;
 - B. By granting permission for the individual to participate in the Activities, the Parties agree to allow the Individual to use school provided transportation;
 - C. There are inherent risks associated with school provided transportation, that includes but is not limited to:
 - a. Injuries from slips, trips, or falls when entering or exiting the school provided transportation;
 - b. Injuries from ignoring safety rules, such as falling down after standing-up inside a moving vehicle;
 - c. Injuries due to a traffic accident involving the school provided transportation;
 - D. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that the Individual will not become infected with COVID-19. Further, attending the Activities could increase your risk of contracting COVID-19.
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Acknowledgement

- 3. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

_____	_____	_____
Name of Individual (print)	Signature of Individual	Date
	(For students 18 years of age or older)	

_____	_____	_____
Name of Parent / Guardian (print)	Signature of Parent / Guardian	Date
	(For students under 18 years old)	

The information collected on this form is being collected pursuant to the Education Act (Student Record Regulation), the Freedom of Information and Protection of Privacy (FOIP) Act, and Section 23 of the Canadian Charter of Rights and Freedoms. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or Parkland School Division 's FOIP Coordinator 780.963.8411.