

Release & Indemnification Form for Educational Trips
For students over 18 years of age.

This Form must be read and signed by every student participating in this activity.

_____ Catholic School is coordinating a Field

Trip to _____ (see details in attached letter)

ELEMENTS OF RISK

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

Describe Activity: _____

Describe potential types of injury: _____

The risk of sustaining these types of injuries results from the nature of the activity and can occur without fault of the student, or the School Division, 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 may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Elk Island Catholic Separate Regional Division No. 41 does not provide accidental death, disability, or dismemberment or medical expense insurance on behalf of the students participating in this activity.

By signing this form and permitting my son/daughter to participate in this field trip/excursion, I/we, as parent(s)/guardian(s) – both for myself/ourselves and on behalf of our son/daughter – acknowledge that we are aware of the risks associated with this field trip/excursion and agree to release and hold harmless Elk Island Catholic Schools Division, the School, and their respective agents, servants and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son's/daughter's participation in the above authorized field trip/excursion. The Division will, however, be responsible for any injuries and damages suffered by the student while participating in this field trip/excursion that arises **as a result of the negligence of the Division.**

Name of Student: _____

Signature of Student: _____

Date: _____