

**ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL OFF-SITE ACTIVITY  
CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK FORM**

PLEASE RETURN THIS NOTICE TO THE SCHOOL BY TUESDAY, OCTOBER 11, 2022

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

Destination/Activity/Program DeBoville Slough, Port Coquitlam

Dates: FRIDAY, OCTOBER 14TH, 8:15 am - 1:00 pm (approx.)

- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.

Based on my understanding, acknowledgement, and consents as described herein

Student:

Grade:

\_\_\_\_\_ has permission to participate.

\_\_\_\_\_ will not participate for medical reasons, but will be at school

Parent/Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_