

ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT FORM Magrath High School

I, _____ (name) the parent/guardian of

_____ student's name), recognize that my child will participate in on a Magrath High School **Track and Field** Team as sanctioned Magrath High School and Westwind School Division.

This activity involves certain risk, dangers and hazards to the participants. These may include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and trip or event cancellation or curtailment.

Specific risks associated with this team include but are not limited to physical injuries from games or practices, transportation, slips, falls, etc.

I also understand that during this off-site activity, authorized staff of Magrath High School staff, supervisory adults, as well as employees of other agencies associated with this activity will endeavour to instruct, protect, and care for the well-being of my child as would I in their place, including making decisions regarding the medical care of my child. I understand that my child will be expected to uphold the behaviour expectations of students Magrath High School as in any other school endeavour as outlined in the Student Code of Conduct. I understand that my child's failure to abide by behaviour expectations could result in his/her removal from the activity without refund.

I have discussed the risks and expectations of this activity with my child and have confidence that my child has understood them. I am aware that every parent has the right to deny his/her child's participation in an off-site activity and that this activity is not a prerequisite for the completion of any required course of study. As parent/guardian, I will ensure my child is appropriately prepared and has the necessary equipment.

I am also aware that the principal reserves the right to postpone, terminate or cancel an activity at any time and with little notice if the activity can no longer be conducted in a safe and secure manner. I realize that I may not receive all or any of the money I had thus far invested and accept the loss without expecting reimbursement from the School.

I have read and understood the above statements at my leisure, understood the nature of the document and its content. I consent to the participation of my child in this activity and associated activities.

Printed Name of Parent/Guardian

Date (dd/mm/yy)

Signature of Parent/Guardian

There will be a cost of \$15 for participation at Zones. Payment needed before participation. Thank you.