



Bluevale Collegiate Institute

80 Bluevale St N, Waterloo, N2J 3R5 (519) 885-4620

STUDENT INFORMATION & CONSENT FOR ONGOING OFF-CAMPUS ACTIVITIES

Ongoing curricular field trips are defined as off-campus activities, which are part of the curriculum and occur frequently as part of the program. Examples are physical education recreation courses including activities such as skating or golf, or music courses involving a schedule of off-campus concerts.

Ongoing co-instructional field trips are defined as scheduled off-campus sporting events, performances or competitions. Examples are sports team league games, tournaments, and playoffs, choir performances and drama competitions.

For all ongoing curricular and co-instructional field trips, teachers will attach to this form a complete itinerary/schedule showing the times, locations, dates and other arrangements. Please note that dates may change due to unforeseen circumstances.

Activity: Grade 12 Off-campus activities run from 8:00-9:00am. On-campus activities start at 8:35am.

Teacher(s) in Charge: Mr. Hitchen, Mr. Taylor & Mr. Wolf

Dates: Varies by activities chosen. Refer to timetable. Dates and times are subject to change.

Cost: The course fee will vary based on the off-campus activities chosen. Payable by cheque or cash. Cheques are payable to "Bluevale Collegiate Institute"

Medical or Special Concerns/Information: _____

Health Card Number: _____

Element of Risk: The risk of injury exists in every field trip activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well-being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in field trip activities.

Medication: If it will be necessary for your child to take prescription medication during the trip, the parent/guardian must complete the form *Administration of Medication* (IS-98-00). It must be forwarded to the Principal prior to the administration of medication. (*If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form).

Video Surveillance: Please be advised that buses and other forms of public transportation may use video surveillance equipment.

NOTE: If volunteer drivers are used, I give permission for my son/daughter to travel with a responsible volunteer driver. _____ (please check)

_____ has my permission to participate in the ongoing curricular or co- instructional field trips (Student's Name) as described in the attached itinerary/schedule for the current school year.

Date

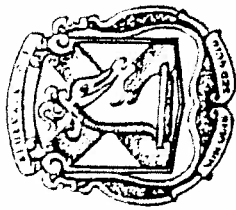
Signature of Parent/Guardian/Adult Student

Home Phone Number

Work Phone Number(s)

Other name and telephone number of person who can be contacted in the event of an emergency:

PASSENGER FORM



BELLEVILLE COLLEGIATE INSTITUTE

PERMISSION FORM

ALLOWING

STUDENT TO BE TRANSPORTED BY PRIVATE VEHICLE
TO OFF-CAMPUS ACTIVITY

_____ has permission

(Student's Name)

to be driven by private vehicle to off-campus activity. The vehicle may be driven by
teacher/student or volunteer.

Parent/Guardian Signature

Or

Student's Signature if over Eighteen years of Age

Date

Please note only one copy of this form will be kept on file for the school year and will
be used whenever to grant permission for transportation for private vehicle driven by
teacher or student.

DRIVER FORM



THE WATERLOO COUNTY
BOARD OF EDUCATION

F-92
Revised (11/17/96)

Transportation of students in passenger vehicles driven by board employees, volunteers or
non-board employees

A) When transportation is by private vehicle, the Principal should ensure that there is no private
transportation for students have adequate public liability and property damage insurance:
1) by car, or van only those who carry a minimum of \$1,000,000 of Public Liability Insurance.

B) The Principal shall keep a record of the names of those employees who need the public liability
insurance coverage noted in section (A) and only those employees will be allowed to transport
students for school activities.

Note (A): Each student transported must have a seat and a seat belt.

Note (B): The Principal should inform drivers that The Waterloo County Board of Education provides
Non-Owned Automobile Liability Insurance for students resulting in damages to your
\$1,000,000 and that the first \$1,000,000 must be covered by the owner's insurance.

School _____ Date _____

DRIVER/OWNER ASSURANCE OF INSURANCE COVERAGE

I have read the above requirements and I assure the Principal and The Waterloo County Board of
Education that the vehicle(s) and driver indicated are covered by at least the minimum amount of
insurance indicated. I give permission for my vehicle to be used by the driver indicated, to transport
students. (PLEASE PRINT)

VEHICLE(S) MAKE & LICENSE NO. _____

INSURANCE COMPANY _____ POLICY NO. _____

OWNER _____ SIGNATURE _____

DRIVER _____ SIGNATURE _____

A volunteer driver is only required to complete this section once per school year. If any information
changes, it is the responsibility of the volunteer driver to advise the school of these changes.

Airborne Trampoline KW

115 Saltzman Dr. Unit 11
Cambridge, ON, N3H 4R7
(519) 653-7713

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND IDEMITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

I acknowledge that there is a potential risk of injury involved in participating in any sport. Airborne Trampoline KW Inc. has tried to make its facility as safe as possible to prevent any injury from happening, but that does not guarantee that none will happen.

AWARENESS AND ASSUMPTION OF RISK

I am aware that trampolining involves risks including the risk of property damage, expense and related loss, including loss of income, personal injury, and death. Included in these risks, but not limited to, are equipment malfunction, negligence on the part of Airborne Trampoline KW Inc. and its employees, officials and volunteers, other participants and owners of the facilities where the activities occur referred to in the rest of this agreement as "OTHERS". I freely accept and fully assume all of the aforementioned risks.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND IDEMITY AGREEMENT

In consideration of Airborne Trampoline KW Inc. accepting my application to participate in this activity, I agree:

- To waive any and all claims that I may have in the future against Airborne Trampoline KW Inc. AND OTHERS.
- To release Airborne Trampoline KW Inc. AND OTHERS from any and all liability for any of the risks as listed in the "Awareness and Assumption of Risk" section, that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
- To hold harmless and indemnify Airborne Trampoline KW Inc. AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
- That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators, and assigns.
- That I give Airborne Trampoline KW permission to use any and all pictures taken of my child and/or myself for promotional use.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST AIRBORNE TRAMPOLINE KW INC. AND OTHERS.

Full Name of Participant (Please Print Clearly) _____ Male Female

Date of Birth: Day: _____ Month: _____ Year: _____ Current Age: _____

Full Address of Participant (Please Print Clearly) _____

Street: _____ City: _____ Province: _____ Postal Code: _____

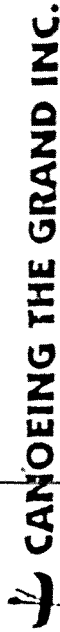
Phone Number: _____ E-mail address: _____

Full Name of Parent or Legal Guardian or Participant if above 18 years old (Please Print Clearly) _____

Date of Signing: Day: _____ Month: _____ Year: _____

Signature of Parent or Legal Guardian or Participant if above 18 years old: _____

X



CANOEING THE GRAND INC.

3734 KING STREET EAST, KITCHENER, ONTARIO, N2P 2G5
PHONE: (519) 896-0290 FAX: (519) 748-9063

Read before signing:

I acknowledge that canoeing/kayaking and all associated services are filled with risks w
are beyond the control of Canoeing the Grand Inc. In consideration of Canoeing the Grand
renting canoe and kayak equipment, I hereby release and forever discharge Canoeing the Gran
its respective servants, agents or employees from any claim, demands, damages, actions or caus
actions of every nature or kind whatsoever, however caused, arising out of, or in any way conn
with the renting of canoe or kayak equipment.

I declare that this release is binding upon me, my heirs, executors, administrators and as

I agree that I am fully responsible for all rented equipment and that I will remunerate
Canoeing the Grand Inc. for all losses or damages incurred by me.

Student Name: _____

Signature: _____

Address: _____

Telephone: _____

Date: _____

(Parent or Guardian if under 18)

(Adult's Name)

NORTHFIELD

RACQUET & FITNESS CLUB



Registration - School Tours/Workouts

Student Name: _____
 Telephone: (Home) _____ (Cell) _____
 School Attending _____
 Emergency Contact: _____ Phone: _____
 Relationship of Contact: _____

To be completed by each attending student. Access will not be granted without completion and signature. If student is under the age of 16, parent or guardian must provide consent.

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Y N
- Do you feel pain in your chest when you do physical activity? Y N
- In the past month, have you had chest pain when you were not doing physical activity? Y N
- Do you lose your balance because of dizziness or do you ever lose consciousness? Y N
- Do you have a bone or joint problem made worse by a change in your physical activity? Y N
- Is your doctor currently prescribing drugs for your blood pressure or heart? Y N
- Do you know of any other reason why you should not do physical activity? Y N

Informed Consent Agreement

I hereby acknowledge that certain risks of injury are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or reactions of others, or a combination of both.

I understand that the rules and regulations are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations as set out by the instructor.

I understand that certain activities require a minimum level of fitness and health and that each person has a different capacity for participation in these activities.

I hereby warrant being physically fit to participate and understand that the choice to participate brings with it the assumption of those risks and results, which are part of these activities.

I agree that the owner and instructor(s) of Northfield Club and Marstrand Centre Ltd. shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, unless such injury, loss or damage is caused by the sole negligence of instructors/trainers while acting within the scope of their duties.

I declare having read and understood this Informed Consent Form in its entirety, and hereby consent to participate, acknowledging all of the foregoing.

Participant Signature _____ Date _____

Parent Signature (if under 16 years of age) _____

RELEASE AND WAIVER OF LIABILITY

This is a Release of Liability - READ BEFORE SIGNING

As a condition of my use of the facilities of Binghamans FunworX Rock Climbing and/or participation in any program offered by Binghamans FunworX, the undersigned acknowledges, appreciates, and agrees that:

- I hereby agree to abide by and to help enforce the Safety Rules outlined to me.
- I acknowledge that the program involves inherent risk and dangers that may cause serious injury and possible death to participants.
- I fully understand the risks and dangers associated with my participation in the program and accept same entirely at my own risk.
- I hereby release and discharge Binghamans FunworX, it's owners, affiliates, agents, employees, and board of directors from any and all liabilities, suits, claims, and demand actions or damages (including attorney fees and disbursements) incurred by me arising out of the use or intended use of the climbing walls, including without limitation all claims for property damage, personal injuries, or wrongful death. This release is binding on my heirs, assigns, and agents.
- I hereby agree to indemnify and hold harmless of Binghamans, it's owners, agents, employees, and board of directors from any and all causes of action, claims, demands losses and costs of any nature whatever arising out of or in any way relating to my use of the climbing facility. This indemnification is binding on my heirs, assigns and agents.

Climber Information:

First Name: _____ Last Name: _____
 Address: _____ Town: _____ Prov: _____ Postal Code: _____
 Telephone # () _____ Birthdate: ____/____/____
 Emergency Contact _____ Telephone # () _____

For Participants of Minority Age (Under 18 at the time of Registration)
 This is to certify that I, as Parent/Guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement of participation in these programs as provided above.

X _____ Today's Date ____/____/____
 Parent's Signature _____ Month _____ Day _____ Year _____



BLUE OR BLACK INK ONLY.

MINOR - AGE 17 & UNDER

MINOR PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT... THIS AGREEMENT MUST BE COMPLETED BY THE PARENT/LEGAL GUARDIAN OF ALL PARTICIPANTS UNDER THE AGE OF 18. PLEASE READ CAREFULLY BEFORE SIGNING. PLEASE PRINT NEATLY. YOU MUST BE 18 YEARS OR OLDER TO SIGN THIS AGREEMENT.

Name of Minor Participant: _____
Date of Birth: ____/____/____ (DD/MM/YYYY)
Address: _____
Prov/State: _____ Postal Code: _____ City: _____
Cell Phone: _____ Home Phone: _____
Emergency Contact: _____
Emergency Contact Phone #: _____

TO: Grand River Rocks Inc. ("GRR")

I am aware of the risks associated or related to indoor rock climbing and to my child's use of GRR's gym facilities, belay equipment, ropes, harnesses, climbing shoes, gri-gris, bouldering areas, bouldering caves, top-rope climbs, lead climbing routes, slacklines, lockers, washrooms, change rooms and any other facilities in the gym or the parking facilities outside of the gym (collectively the "Facilities").

I agree that this Agreement shall be effective and binding on my child's behalf, next of kin, executors, administrators, assigns and representatives in the event of my child's death or incapacity, and that this Agreement shall be governed and interpreted solely by the laws of the Province of Ontario, with any litigation with respect hereto to be brought solely within the exclusive jurisdiction of the courts of the Province of Ontario.

My child understands and agrees to abide by the following rules while using the Facilities:
(a) When climbing roped climbs, my child will always wear a climbing harness and assume full responsibility for putting it on, and fastening it correctly and safely. My child will always be directly to the harness with a figure 8 follow through and keeper knot.

- (b) My child will not boulder above the 10 foot level, except in the designated bouldering areas.
(c) My child will only belay when knowledgeable and experienced at belaying. My child will not lead climb or belay lead climber's until certified by GRR. When lead climbing, my child will clip each bolt in sequence on all routes lead and will provide and assume full responsibility for the safety and integrity of the rope and belay device when leading or belaying lead climber.
(d) If my child provides his/her own climbing harness, he/she assumes full responsibility for its safety and integrity.
(e) My child will assume full responsibility for his/her choice in belayer's. GRR provides top ropes, anchors and gri-gris but will not be responsible for poor judgment by an adult or GRR staff member when bouldering.
(f) My child understands that he/her climbing privileges will be revoked in the event that he/she engages in any activity deemed unsafe by GRR.
(g) GRR will not be responsible for any lost or stolen personal belongings.
(h) My child will promptly report any equipment defects, unsafe situations or accidents that he/she becomes aware of.
NOTE: Children under age 13 CANNOT belay or lead climb. CANNOT climb in the advanced bouldering area. MUST have their harness and rope safety-checked by an adult or GRR staff member before climbing. MUST be belayed by an adult or GRR staff member, and MUST be supervised and spotted by an adult or GRR staff member when bouldering.

I, _____ AM THE PARENT/LEGAL GUARDIAN OF _____ AND HEREBY CONSENT TO MY CHILD'S PARTICIPATION IN INDOOR ROCK CLIMBING AND RELATED ACTIVITIES AT THE FACILITIES. I HAVE CAREFULLY READ THIS ENTIRE AGREEMENT AND I FULLY UNDERSTAND IT. I FREELY SIGN THIS AGREEMENT ON MY CHILD'S BEHALF AND I AM AWARE THAT BY DOING SO, I AM WAIVING CERTAIN LEGAL RIGHTS.
Parent/Legal Guardian Signature (Must be in ink) _____ Date: ____/____/____ (DD/MM/YYYY)



BLUE OR BLACK INK ONLY.

ADULT - AGE 18 or OVER

PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT. READ CAREFULLY BEFORE SIGNING. PLEASE PRINT NEATLY. YOU MUST BE 18 YEARS OR OLDER TO SIGN THIS AGREEMENT.

Name of Participant: _____
Date of Birth: ____/____/____ (DD/MM/YYYY)
Address: _____
Prov/State: _____ Postal Code: _____ City: _____
Cell Phone: _____ Home Phone: _____
Emergency Contact: _____
Emergency Contact Phone #: _____

TO: Grand River Rocks Inc. ("GRR")
I am aware of the risks associated or related to indoor rock climbing and to my use of GRR's gym facilities, belay equipment, roped, harnesses, climbing shoes, gri-gris, bouldering areas, bouldering caves, top-rope climbs, lead climbing routes, slacklines, lockers, washrooms, change rooms and any other facilities in the gym or the parking facilities outside of the gym (collectively the "Facilities").

I agree that this Agreement shall be effective and binding on my behalf, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity, and that this Agreement shall be governed and interpreted solely by the laws of the Province of Ontario, with any litigation with respect hereto to be brought solely within the exclusive jurisdiction of the courts of the Province of Ontario.

I agree to abide by the following rules while using the Facilities:
(a) I will not consume any alcohol or other substance which would impair my senses or judgment prior to or while using the Facilities.
(b) When climbing roped climbs, I will always wear a climbing harness for which I will assume full responsibility for putting on and fastening correctly and safely. I will always be directly to the harness with a figure 8 follow through and keeper knot.
(c) I will not boulder above the 10 foot level, except in the designated bouldering areas.
(d) I will only belay when knowledgeable and experienced at belaying. I will not lead climb or belay lead climber until certified by GRR. When lead climbing, I will clip each bolt in sequence on all routes I lead. Further, I will provide and assume full responsibility for the safety and integrity of the rope and belay device when I lead or belay lead climber.
(e) I will assume full responsibility for its safety and integrity.
(f) I will assume full responsibility for my choice in belayer. GRR provides top ropes, anchors and gri-gris but will not be responsible for poor judgment by an adult or GRR staff member when bouldering.
(g) I will promptly report any equipment defects, unsafe situations or accidents that I become aware of.
NOTE: I will not conduct any formal belaying of groups or paid coaching of individuals, except by express permission of GRR.
(h) I will not lead GRR responsible for any lost or stolen personal belongings.

I HAVE CAREFULLY READ THIS ENTIRE AGREEMENT AND FULLY UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AND I SIGN IT FREELY ON MY OWN FREE WILL.
Participant Signature: _____ Today's Date: ____/____/____ (DD/MM/YYYY)