



PALLISER REGIONAL SCHOOLS
Informed Consent/Permission Form
for Minor Tours

DETAILS OF TOUR

Nature of Tour: Vertigo Theatre - Calgary

Date: Wed Oct 8/25

Time: Leave: 8:45 am

Return: 5:00 pm

Destination: Calgary

Summary of Activities (Itinerary Attached):

Supervisor(s): Krista Drew, Anna McBryan, Brenda MacMillan,
Angela Campbell, Phil Uten

Transportation Arrangements: ☒ School Bus ☐ Car:

(Name of volunteer providing
vehicle with whom child will
be traveling)

☐ Commercial Bus ☐ Other:

Cost to Student: \$30⁰⁰

Contact Person: Krista Drew

Phone: 403-824-3817

ELEMENTS OF RISK

Educational activity programs such as Vertigo Theatre 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 injuries which may result from participating in Vertigo Theatre (describe activity).

1. Personal injury
2. vehicular incidents
3. _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student or the School Board, 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 your/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Vertigo Theatre on Wed Oct 8/25, you must understand that you bear the responsibility for any injury that may occur.

The Board of Trustees of Palliser Regional Schools has invested in IAP Student Accident Insurance, with enhanced coverage for the school year. This provides insurance coverage for all students, teachers and non-teachers on Palliser staff from the time they leave their residence to travel to school to the time they arrive at their residence (or their first destination) after school. This coverage also applies during approved and supervised school trips/activities.

ACKNOWLEDGEMENT

We have read the above. We understand that by participating in the activity described above, we are assuming the risks associated with doing so.

Signature of Student

Date

Signature of Parent/Guardian

Date

PERMISSION

I give _____ (name of student) permission to participate in the Vertigo Theatre (description of activity) to be held on or about Wed Oct 8/25 (date).

Signature of Parent/Guardian

Date