



7-12

PALLISER REGIONAL SCHOOLS
Informed Consent/Permission Form
for Minor Tours

DETAILS OF TOUR

Nature of Tour: Lethbridge Corn Maze

Date: Fri Sept 19/25

Time: Leave: 10:00 am
Return: 11:30 am

Destination: Lethbridge Corn maze

Summary of Activities (Itinerary Attached):

leave school approx 10:00 am to Corn maze
Do the maze
leave maze approx 11:20 ish return to school
approx 11:30 am
* Dress for weather

Supervisor(s): All staff

Transportation Arrangements: ☒ School Bus

☐ Car: _____
(Name of volunteer providing vehicle with whom child will be traveling)

☐ Commercial Bus

☐ Other: _____

Cost to Student: 0

Contact Person: Corey Rollinson

Phone: 403-824-3817

ELEMENTS OF RISK

Educational activity programs such as corn maze 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 corn maze (describe activity).

1. personal injury
2. vehicular accidents
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 corn maze on Fri Sept 19/25, 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 corn maze (description of activity) to be held on or about Sept 19/25 (date).

Signature of Parent/Guardian

Date