



The \_\_\_\_\_ is arranging  
(name of school)

\_\_\_\_\_  
(description of activity and dates)

**THIS TRIP IS SANCTIONED AND APPROVED BY THE APPROPRIATE TRILLIUM LAKELANDS DSB OFFICIALS.**

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Principal

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY THE PARENT/GUARDIAN OF THE PARTICIPATING STUDENT.**

**ELEMENTS OF RISK:**

Educational activity programs, such as \_\_\_\_\_  
involve certain elements of risk. Injuries may occur while participating in these activities. 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 \_\_\_\_\_ on \_\_\_\_\_,  
you must understand that you bear the responsibility for any injury that might occur.

Trillium Lakelands District School Board does **not** provide accident insurance coverage for student injuries that occur on school premises or during school activities. The Board makes available an Accident and Life insurance program through Reliable Life Insurance Company. Participation is voluntary and costs are to be paid by the parent or guardian. You may apply directly at [www.insuremykids.com](http://www.insuremykids.com) or by calling toll free 1-800-463-5437.

**ACKNOWLEDGEMENT:**

**WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.**

Specify any health considerations and/or special diet restrictions: \_\_\_\_\_

\_\_\_\_\_

_____ Name of Student (Print Clearly)	_____ Grade	_____ Student Number
_____ Signature of Student		_____ Date
_____ Signature of Parent/Guardian		_____ Date

**PERMISSION**

I give \_\_\_\_\_, permission to participate in  
(name of student)

\_\_\_\_\_  
(description of activity)

to be held on or about \_\_\_\_\_  
(date)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

