

Commentary: *It is the School District's intent that this form provides parents with sufficient information about the field trip or extracurricular trip to facilitate parents making an informed decision about participation in this activity. This form is not asking parents to give up the right to sue if there has been gross negligence on the District's part; nor can a parent give up the right of a child to sue.*

To the Parents(s)/Guardian(s) of Debate Team Members
 School: CHSS Grade: 9-12

Please read the contents of this Consent form. Clarify any questions or concerns with the Lead teacher BEFORE signing it.

If this form is not signed and returned to the school by _____, your child WILL NOT be allowed to attend.

PROGRAM / ACTIVITY INFORMATION

Destination/Activity: Prince George, BC (PG) Date(s): Jan. 9-12, 2026

Purpose (or Educational Goals): Debate Team Tournament

Itinerary / Activities: 1/9 Train to PG; 1/10 Tournament; 1/11 Free time; 1/12 Train to PR

Method of Transportation: Via Train, Train, Public Transit By: _____

Depart on Jan 9 2026 **at** 7 AM **(time) from** BC Ferry Terminal.

Return on Jan 12 2026 **at** 10 PM **(time) to** BC Ferry Terminal.

Lead Teacher: Mr Kertes contact # _____ No. of supervisors Planned: _____

Supervisory Arrangements: Mr Kertes (778-884-5343) and Ms Prohaska

Cost to the Student: \$50 What to bring: "professional" attire for the tournament**

Other considerations: Students attending the trip commit to help with fundraising

POTENTIAL KNOWN RISKS

Potential known risks include the following:
 General risks of train travel, being in a city, etc.

Additional comments / requirements:

- (1) Help with fundraiser on Dec 6 (or help out in another way)
- (2) Help sell raffle tickets (team goal is 320 tickets @ \$10 each, or average 20 each if 16 students attend the tournament)
- (3) Help at the Jan 30 fundraiser (3:30-7:30 PM on Jan 30 at Nisga'a Hall) (help sell tickets)
- (4) ** "professional" attire any whatever you consider is your own "best foot forward"

THE REMAINDER OF THIS FORM MUST BE RETURNED COMPLETED BY 12/05/25.
IF NOT RETURNED COMPLETED, THEN PARTICIPATION WILL BE DENIED.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination / Activity / Program: CHSS Debate Team Date: 12/01/25

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. **I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.**
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transportation arrangements and will be responsible for any costs associated.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child that may affect his/her participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. **I waive any and all claims I may have, as a result of my child's participation in this field trip, against the Board of Education of School District No. 52 and its officers, employees, agents, volunteers and representatives, unless such claim is caused by their gross negligence or wilful misconduct.**
10. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) _____

(Date of Birth) _____ has my permission to participate.

Name (Please print): _____ Signature: _____

Contact phone number _____ Date: _____

Medical Coverage Number if requested Yes ☐ No ☐

Special Comments: (medical concerns etc.) _____

Personal information contained on this form is collected under the authority of the Schools Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.