

Checklist for Completion:

Page 2:

- Enter "Name of Student"
- Enter "Grade of Student"

Page 3:

- No action required

Page 4:

- Describe "illness, allergy, disability or special need", or
- Enter "N/A"

Page 5:

- Enter "Date of Signature"
- Student Signs
- Witness Signs (**see note below**)

Page 6:

- Enter "Name of Student" (in shaded area)
- Enter "Date of Signature"
- 1st Parent / Guardian Signs
- Witness Signs (**see note below**)
- Enter "Date of Signature"
- 2nd Parent / Guardian Signs
- Witness Signs (**see note below**)

Note:

- This form must be signed by **ALL custodial parents** or **guardians** of a child who is under the age of 19 years.
- The above noted signatures must be **witnessed** by an individual who is **unrelated to the parent, guardian and participating child** and is **19+ years old**.
- The witness is a **witness to the signature**, not a witness to the contents of this document.
- Please **DO NOT** ask a **volunteer** at the AGM to **witness a signature that they have not witnessed!**
- Be prepared to **provide ID** to a volunteer at the AGM if you are requiring **your signature to be witnessed** in their presence!

SDSS SNOW DEVILS 2020

PARENTAL CONSENT, PERMISSION AND WAIVER FORM

Name of Student: _____ (“my child”)

Grade of Student: _____

General:

As a member of the **SDSS Snow Devils** club, my child has chosen to participate in **9 ski / snowboard trips**, the details of which are as follows:

Grouse Mountain – Tuesdays, January 7, 14, 21 & 28, February 4, 11, 18 & 25

Blackcomb Mountain – Sunday, March 1, 2020

Parental Consent / Permission:

By signing this agreement I hereby give my consent to allow my child to participate in these school sanctioned ski / snowboard trips, and confirm that I understand the following:

Students will be departing for **Grouse Mountain** at **3:15 pm** & returning to **SDSS** at **10:00 pm**.

Students will be departing for **Blackcomb** at **6:00 am** & returning to **SDSS** around **6:45 pm**.

Students will be travelling by **luxury coach** as supplied by **Wescan Charter Bus Lines**.

A maximum of **105 students** will be skiing and/or snowboarding on any given day.

The students will be **supervised** by a ratio of **1 adult** (comprised of teachers, administrators and parents) for every **12 students** in attendance.

For both the **Grouse Mountain & Blackcomb Mountain** trips, a minimum of **2 supervisors** will accompany the **bus**, a minimum of **1 supervisor** will be stationed in **Grouse Mountain’s Lupins Café** area in the **chalet** or the **Whistler Blackcomb Village** and a minimum of **2 supervisors** will be skiing or snowboarding on the **hill**.

I understand that while on the hill my child will **not** be directly supervised at any time.

Parental Commitment for Equipment & Clothing:

I will supply **suitable clothing** for my child's participation in all activities associated with these trips, including: gloves or mittens, ski / snowboarding jacket, ski / snowboarding pants, goggles.

If **skiing**, I will supply **suitable equipment** including skis, bindings, boots, poles and helmet. Equipment will be professionally sized / set based on the current height, weight & ability level of my child.

If **snowboarding**, I will supply **suitable equipment** including snowboard, bindings, boots, helmet and wrist guards. Equipment will be professionally sized / set based on the current height, weight & ability level of my child.

My child and I are aware and agree that my child must wear a **helmet** while **skiing** or **snowboarding**.

My child and I are aware and agree that my child must wear **wrist guards** to prevent wrist injuries while **snowboarding**.

I accept full responsibility for any inadequate clothing or equipment. I am aware that I should contact the school for further information if I am unclear about what clothing or equipment is required for this activity or the possible weather conditions.

New Member Assessment:

On the first day of the program, all **new** members will have their **ability level assessed**. This assessment is to confirm that the member can **ski / snowboard in control**, and can **safely navigate the chair lifts**. This assessment will be arranged for by the Snow Devils club.

My child and I understand and agree that my child's **failure to attend** for any reason other than illness or vacation will result in an **automatic 1 day suspension**.

My child and I understand and agree that my child will **not be permitted to ski / snowboard** until such time that this **assessment has been successfully accomplished**.

Declaration of Health:

My child has no **illness, allergy, disability** or **special need** that may require special attention, except as described as follows:

My child has no **illness, allergy** or **disability** that would make snowboarding or skiing an inappropriate activity for him / her to participate in. I know of no health related or other reason why my child should not participate in these trips.

Acknowledgement of Risk:

I am aware that my child’s participation in this trip entails certain risks and dangers to my child which cannot be eliminated, and that skiing and snowboarding has an inherent risk of personal injury, including but not limited to: sprains, strains, fractures, head/ brain injuries, paralysis, internal injuries and death, and property and equipment damage or losses resulting from the activities.

In addition to the risks described above, other risks and hazards may include, but are not limited to: Motor vehicle accidents occurring on the way to or from the hill; Rock fall and avalanches; Weather and snow conditions including unforeseen, inclement or intemperate weather; Hypothermia; Frostbite; Equipment failure or defects (skis, boards, t-bars, chair lifts, gondolas, etc.); Collisions with other skiers or snowboarder or with other objects such as trees, signs, snow grooming equipment, and lift towers; Poor grooming or design of hill, runs or jumps; Poor or inadequate instruction or supervision; Falls; Assault; Injuries as a result of consumption of or exposure to food and drink; Injuries occurring while using chair lifts, t-bars, gondolas, etc.; Delays in obtaining medical treatment or appropriate medical treatment; Injuries when attempting to perform jumps or tricks; The possibility that my child may not heed warning or safety instructions or restrictions; given to participants, thus putting himself/ herself at greater risk.

Code of Conduct:

My child and I understand and agree:

- to abide by the **School Code of Conduct** as outlined at the AGM meeting and online at <https://sd.deltasd.bc.ca/activities-clubs/snow-devils-ski-club/>
- to abide by the **Alpine Responsibility Code** as outlined in your pass agreement and / or lift ticket with Grouse Mountain and / or Whistler Blackcomb Mountain.
- to abide by all posted signs including but not limited to **Temporary Boundary** signs, **Ski Area Boundary** signs and **Closed Run** signs.
- that **supervisors** will have the authority to **discipline students** and to immediately **revoke skiing / snowboarding privileges** of those students who do not follow the above noted expectations and / or rules.
- that I will be responsible for any **additional costs** associated with my child's failure to abide by these expectations and / or rules, including any **costs for rescue** and / or any **costs associated with sending my child home** early.

Student Commitment:

Date: _____

I understand that there are **inherent risks** involved with **skiing** and **snowboarding** and I have discussed these risks and the ways to mitigate these risks with my parents. This will include but not be limited to the following:

I agree to wear a **helmet** while **skiing** or **snowboarding**.

I agree to wear **wrist guards** while **snowboarding**.

I agree to follow the **instructions** of teachers, administrators, instructors and supervising parents.

I agree to abide by the **School Code of Conduct**, the **Alpine Responsibility Code** and all **posted signs** during these trips.

Signature of Student

Signature of Witness

I have read and understood all 6 pages of this document and have discussed them with my child, including the **School Code of Conduct**, the **Alpine Responsibility Code** and the importance of **posted signs** on both **Grouse Mountain** and **Whistler Blackcomb Mountain**.

Accidents are common. They can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing my child to participate in this activity, I am accepting the risk of an accident and injury occurring, including death, and agree that the activity is suitable for my child. In permitting my child to attend this trip, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, to induce me to permit my child to take the trip, other than those set out in this document.

PARENTAL/ GUARDIAN WAIVER OF LIABILITY: I agree that in consideration of School District No. 37 (Delta) offering my child, (name) _____, an opportunity to participate in the trip I waive any and all claims I may have, and release from all liability and agree not to sue the Board of Trustees of School District No. 37 (Delta) and its officers, employees, agents, volunteers and representatives, for any personal injury, death, property damage or loss as a result of or arising from my child's participation in the trip, arising out of any cause whatsoever, including negligence. I understand that this waives my right to sue on my own behalf, not the right for myself or a guardian ad litem to sue on my child's behalf.

I am 19 years of age or more and have read and understand the terms of this document and understand that it is binding upon me, my heirs, executors & administrators.

Date: _____		Box 1
_____ Signature of Parent/Guardian	_____ Signature of Witness	
_____ Printed Name of Parent/Guardian	_____ Printed Name of Witness	
_____ Address	_____ Address	

Date: _____		Box 2
_____ Signature of Parent/Guardian	_____ Signature of Witness	
_____ Printed Name of Parent/Guardian	_____ Printed Name of Witness	
_____ Address	_____ Address	

NOTE: This form must be signed by **ALL** custodial parents or guardians of a child who is under the age of 19 years; those signatures must be witnessed by an individual unrelated to the parent, guardian and participating child.