



# FATHER LEONARD VAN TIGHEM, OMI, SCHOOL

25 Stoney Crescent West  
Lethbridge, Alberta T1K 6V5  
(403) 381-0953 · Fax: (403) 381-0906



Shannon Collier, Principal  
Justin Molas & Laurie Campmans, Associate Principals

## Grade 6 Southern Alberta Bible Camp Trip – 2024 – Permission Slip

April 24<sup>th</sup>, 2024

Purpose of trip: To give all of our grade 6 students' exposure to the environment to enhance their Science, Physical Education, Religion and Health and Wellness programs.

Here are some details of the trip to Southern Alberta Bible Camp, AB:

- **Time:** Tuesday, June 4<sup>th</sup> to and including Friday, June 7<sup>th</sup>.
- **Location:** Southern Alberta Bible Camp (100 - 151002 RR213 Vulcan County, Lomond, Alberta, T0L 1G0)
- **Total Cost:** \$100: This includes Bus, meals, accommodations and all activities.
- **Supervision:** Provided by staff members, certified professionals and parent volunteers.
- **Transportation:** All students will travel to and from the camp by bus.
- **Activities:** Activities include: Wall climbing, frisbee golf, archery, organized games, team building, maze, mystery trail, fishing, canoeing/kayaking, 9 square in the air, wood burning/crafting, campfire activities, escape room and participating in faith activities.
- **Additional information:**
  - Initial Parent meeting held December 15<sup>th</sup>, 2023.
  - Termination of the trip: In the event of inclement weather, we may have to return sooner, modify the activities, or cancel the trip.
  - During the trip, you can contact the school for an emergency;

Please fill out the following information in case we need to get a hold of a parent/guardian while we are on the trip:

Name of parent/guardian: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Any relevant medical information (including medication): \_\_\_\_\_

Please return this permission slip by May 24<sup>th</sup>, 2024. Please call (403.381.0953) if you have any questions.

Respectfully yours,

Mrs. Collier

Mr. Molas

Mrs. Campmans

Mr. Weitz

Ms. Lawrence

I hereby give my child \_\_\_\_\_ permission to participate in the Grade 6 camp trip. I understand and consent to the transportation to and from camp via school bus. I also give my permission to have the supervisors seek necessary medical treatment for my child. The supervisors will make every effort to contact parents regarding any emergency as soon as possible. I also give permission to make changes in arrangements for student pick-up from the field trip if necessary.

Parent/Guardian Name (please print)

Parent/guardian Signature

Date

Comments: \_\_\_\_\_

*"Many Hands Building A Better World"*





## The Holy Spirit Roman Catholic Separate School Division

### ***Informed Consent Form – Grade 6 CAMP FLVT 2024***

#### INFORMED CONSENT AND

ASSUMPTION OF RISK AGREEMENT (to be executed by parents / guardians of Individual (Child) who is under the age of majority)

By signing this document, you will assume certain risks and responsibilities, please read carefully.

Individual (Child)'s Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Start/Departure Time: \_\_\_\_\_

Grade/Class: \_\_\_\_\_ End/Return Time: \_\_\_\_\_

Teacher/Supervisor in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As an Individual participating in programs, classes, and events sponsored or organised<sup>1</sup> by The Holy Spirit Roman Catholic Separate School Division and its schools (collectively the "School Division"), the activities can include but are not limited to: \_Canoeing, swimming (lifeguard), Outdoor Education , and Wall Climbing \_\_\_\_\_ (collectively the "Activities"), the undersigned, being the Individual and Individual's Parent/Guardian (collectively the "Parties"), acknowledge and agree to the terms outlined in this agreement.
2. I am the Parent / Guardian of the Individual and have full legal responsibility for the decisions of the Individual.

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Description of Risks**

3. The Individual is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards that they may be exposed to, which include, but are not limited to:
  - A. Contracting COVID-19 or any other contagious disease;
  - B. Extreme weather conditions;
  - C. Travel to and from events which are an integral part of the Activities.

## INFORMED CONSENT FORM

Page 2

- D. Negligence of other persons, including other spectators, Individuals, or employees;
- E. Privacy breaches, hacking, technology malfunction or damage of the information collected;

Activity 1 - Canoeing - see attached

Activity 2 - Swimming (Lifeguard) - see attached

Activity 3 - Outdoor Education - see attached

Activity 4 - Wall Climbing - see attached

- 4. The Parties understand and acknowledge that:
  - A. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, and in rare occurrences, permanent disability, paralysis and loss of life;
  - B. The School Division has a difficult task to ensure safety and it is not infallible. The School Division may be unaware of the Individual's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction;
- 5. In consideration of the School Division allowing the Individual to participate in the Activities, the Parties agree:
  - A. That the Individual's mental and physical condition is appropriate to participate in the Activities;
  - B. That when the Individual practices or trains, the Parties are responsible for the Individual's surroundings and the location and equipment that is selected for the Individual;
  - C. To comply with the rules and regulations for participation in the Activities including the Safety Guidelines for Physical Activity in Alberta Schools as enforced by the RESPONSIBLE PERSON in their club / team / cohort;
  - D. To a rescheduling of the Activities, should unforeseen circumstances affect the viability of these Activities;
  - E. To comply with the rules of the facility or equipment;
  - F. That if the Individual observes an unusual significant hazard or risk, the Individual will remove themselves from participation and bring such to the attention of a School Division representative immediately;
  - G. The risks associated with the Activities are increased when the Individual's abilities are compromised, for any reason, including, but not limited to fatigue, muscle strain, compromised vision, minor injury and the Individual agrees not to participate if impaired in any way;

## INFORMED CONSENT FORM

Page 3

- H. That it is the Individual's sole responsibility to assess whether any Activities are too difficult for the Individual. By the Individual commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity;
  - I. That the Parties acknowledge that they have considered and disclosed to the School Division all physical or mental health conditions, allergies, intolerances, and any other risks associated with these conditions, that could potentially affect the Individual's ability to safely participate in the Activities. Permission for the Individual to participate in the Activities is therefore based upon belief that the Individual does not have any intolerances, allergies, or health conditions that have not been disclosed, and could affect the Individual's ability to safely participate in the Activities.
6. In consideration of the School Division allowing the Individual to participate, the Parties agree:
- A. That the Parties are not relying on any oral or written statements made by the School Division or their agents, whether in a brochure or advertisement or in individual conversations, to agree to be involved in the Activities; and
  - B. That the School Division is not responsible or liable for any damage to the Individual's vehicle, property, or equipment that may occur as a result of the Activities

### 1. General

7. The Parties expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

### Acknowledgement

8. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

---

Name of Individual (print)

---

Signature of Individual

---

Date

(For students 18 years of age or older)

---

Name of Parent / Guardian  
(print)

---

Signature of Parent / Guardian

---

Date

(For students under 18 years old)

## INFORMED CONSENT FORM

Page 4

*The information collected on this form is being collected pursuant to the Education Act (Student Record Regulation), the Freedom of Information and Protection of Privacy (FOIP) Act, and Section 23 of the Canadian Charter of Rights and Freedoms. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or The Holy Spirit Roman Catholic Separate School Division's FOIP Coordinator, 402-327-9555*