

PICTURE BUTTE HIGH SCHOOL

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Your Son/Daughter is Invited to Participate in a Field Trip.

SCUBA DIVING AND ROCK CLIMBING

Date: April 8th

Location: University of Lethbridge

Time: Depart via bus at 8:35, return via bus at 3:20

COST: \$40

Attached are three waiver forms from Palliser Regional Schools, which must be completed and a parent / guardian signature must be present prior to the student attending this field trip. All students will be required to take the bus to and from the facilities. There are also 2 waiver forms from the Rock-climbing Facility and Scuba Diving Company which must also be filled out.

The students will be given complete instructions and are required to follow all safety guidelines as outlined by the staff or myself at the respective facilities. Lessons in Rock-Climbing and Scuba is given by certified instructors. In all the activities students will be required to practice proper techniques and rules associated with the sport or activity. A male and female supervisor will attend from the school. All students must wear proper physical education clothing. If you have any questions or concerns, please contact me at the school 732-4404 prior to the field trip.

Sincerely,

Jon Vande Griend
Physical Education & Teacher

Parent/ Guardian Emergency Contact Number

Name: _____

Phone Number: _____

* An emergency name and contact number is required for all field trips

SCUBA DIVING AND ROCK CLIMBING ITINERARY

9: 30 Leave school via Bus

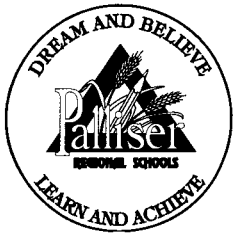
10:30- Be on pool deck for Briefing

11:00-12:00 Scuba Dive

12:00-1:00 eat Lunch in U of L cafeteria

1:00 - 3:00 Rockclimbing

3:25 Return to School.



PALLISER REGIONAL SCHOOLS
Informed Consent/Permission Form
for Minor Tours

DETAILS OF TOUR

Nature of Tour: Rockclimbing and Scuba Diving

Date: April 8th 2014

Time: Leave: ~~8:30~~ 9:30

Return: 3:25

Destination: University of Lethbridge

Summary of Activities (Itinerary Attached): _____

For briefing from 10:30-11:00. They will scuba dive from 11-12. Students will eat lunch at the University and rock climb from 1:00 to 2:00, with 1/2 hour instruction on proper belaying technique. We will return for buses before 3:25.

Supervisor(s): Jon Vande Griend
TBD.

Transportation Arrangements: School Bus _____ Car: _____

(Name of volunteer providing vehicle with whom child will be traveling)

_____ Commercial Bus _____ Other: _____

Cost to Student: PE 30 NONE NON PE 30 STUDENT: \$40

Contact Person: Jon Vande Griend Phone: 403 (894) 8454

ELEMENTS OF RISK

Educational activity programs such as Rockclimbing + Scuba Diving 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 _____

Rockclimbing + Scuba Diving (describe activity).

1. Failing to follow briefing instructions + utilizing proper scuba techniques
2. Failing to follow belaying routines + utilizing proper rockclimbing
3. Failing to wear or use proper equipment

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 Rockclimbing + Scuba Diving on April 8th, 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 _____ (description of activity) to be held on or about _____ (date).

Signature of Parent/Guardian

Date

Awesome Adventures Ltd., Anderson Aquatics Scuba Form

Name _____ DOB YY ____ M ____ D ____
 Address _____
 City _____ Province _____ Postal Code _____
 Home Phone _____ Email _____

RELEASE OF LIABILITY AGREEMENT

I, _____ (parent's name), give my child, _____ (child's name), permission to partake in the Scuba diving experience. I fully understand that there are potential dangers in such an activity if the safety guidelines are not properly followed. My child and I both understand that he/she will be required to follow the safety guidelines provided and if this requirement is not met or is disregarded, he/she will be asked to remove the equipment and thus be excluded from further Scuba diving activities. My child and I also understand that he/she can participate in the activities available at his/her own pace and under no circumstances should he/she feel obliged to partake in any activity that causes him/her any discomfort or difficulty. In addition, I understand that I will be responsible for the replacement of any equipment that is returned damaged. _____ Initial

I agree TO WAIVE ANY AND ALL CLAIMS based upon negligence and willful misconduct addressed in this RELEASE OF LIABILITY AGREEMENT to the following named persons:

<i>Instructors</i>	Marni Anderson/ Danni McKenzie/ & All Helpers	_____ Initial
<i>Facilities</i>	Anderson Aquatics (403) 328- 5040/Awesome Adventures Ltd.	
<i>Others</i>	Maxbell Pool / NAUI/PADI	

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of participant _____ Date _____

Witness (print) _____ Signature _____

Signature of Parent or Guardian if Participant is a Minor (and by my signature they, on my behalf, release all claims that both they and I have) _____

Date _____

TEACHER CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED AND SIGNED.

Signature of Instructor/ Leader _____ Date _____

Please wear a t-shirt to make the gear not rub and tie back long hair.



THE UNIVERSITY OF LETHBRIDGE ASCENT CLIMBING CENTRE
RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY

Participant Name (Please Print): _____ Date of Birth (D/M/Y): _____
Mailing Address: _____ Home Phone #: _____
(Street Address) (City/Town) (Postal Code)
Emergency Contact Name: _____ Home Phone #: _____

ASSUMPTION OF RISKS:

I am aware that the indoor sport climbing (hereinafter called the "Activity") involves inherent risks, dangers and hazards including but not limited to the following: all manner of injury including death, resulting from falling off or from the area involved in climbing and/or impacting any horizontal or vertical surfaces, people or rope projections, whether permanently or temporarily in place, failure or improper use of the ropes, failure of any part of the climbing wall, anchor systems, attachment points, rope abrasions, cuts, entanglements and other injuries resulting from the activity. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom. I further acknowledge that helmets are available at the Climbing Centre and that wearing a helmet may reduce the risk of serious injury or death.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of the use of the indoor sport climbing facilities and equipment at the University of Lethbridge, and acknowledging to abide by the posted Rules & Regulations of the Climbing Centre, I hereby agree as follows:

- TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against The University of Lethbridge Ascent Climbing Centre, The University of Lethbridge, its Board of Governors, directors, officers, employees, and representatives (all of whom are hereinafter collectively referred to as "The Releasees");
TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my Participation in the Activity, due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES. It is my responsibility to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection for my personal possessions;
TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of, or personal injuries to, myself or any third party, resulting from my participation, or the participation of my child or legal charge, as appropriate, in the Activity;

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;
In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in the Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. (Participants under 18 years of age must have a parent or legal guardian sign this document.)

Participant Name (PRINT LEGIBLY) Signature Date
Witness Name (PRINT LEGIBLY) Signature Date
Name of parent or legal guardian if Participant is under 18 years of age Signature Date

Parents or legal guardians will assume personal liability for claims of their child or legal charge by completing this Agreement.
Parents or legal guardians agree to hold the Releasees harmless from the claims of their child.
This Agreement must be completed in full, signed, dated, witnessed and initialed before participant may begin program.