



**STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES
PARENTAL CONSENT AND WAIVER FORM (Special/Unique)**

Form 370C

Please Return This Completed Form by: June 2, 2025

Name of School: McCammon Elm Activity Date: June 6th, 2025

Purpose: SWFT – Cultus Lake Waterpark

Departure Time: 8:30am Return Time: 1:30pm

Destination(s): Cultus Lake Waterpark

Travel Arrangements: Bus Cost to student: \$20

Students will need to bring: Bathing suit, sunscreen, hat, waterbottle, bagged lunch, water shoes (optional)

Sponsor Teacher(s): Noel Sharman, Tsandlia Van Ry Supervision Provided by: All Staff

Principal's Signature: [Signature]

Teacher Sponsor(s) Signature(s): _____

I give _____ (full name of student) permission to participate in the field trip
to _____ on _____ (mm/dd/yy)

Student's Personal Health No.: _____ Date of Birth (mm/dd/yy) _____

Medical Information (please include any medical or health concerns): _____

Doctor's Name: _____ Phone _____

In the Event of an Emergency, the family member to be notified is:

Name: _____ Phone # _____ Alternate Phone # _____

Alternate Emergency Contact:

Name: _____ Phone # _____ Alternate Phone # _____

My child and I understand that the school's Code of Conduct applies during this field trip. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home. _____ (Initial Here)

I am aware that this field trip includes water and my child will wear a PFD (Personal Flotation Device; i.e. life-jacket) and swim or play in a water park. Depending on height, my student will slide. I give permission for my student to participate. _____ (Initial Here)

I understand that should my child fall ill while away on this field trip I may be required to travel to the location of my child to arrange/provide care and/or transportation home. _____ (Initial Here)

I am aware and understand that participation in this field trip involves certain and inherent risks, dangers and hazards which may result in serious personal injury or death or other loss or damage to property. I am aware that accidents can occur with or without any fault on either the part of the student, or the Board of Education or its employees or agents, or the facility where the activity is taking place. I am aware that the above-named activity can be dangerous and that in addition to the usual risks in these activities certain additional dangers and risks including, but not limited to, varying weather, encounters with wildlife, exposure to the elements, illness amongst others. By allowing my child to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child. I am aware that supervision will be provided, but that my child will not necessarily be supervised by an adult at all times. _____ (Initial Here)

I waive any and all claims I may have against, and release from all liability and agree not to sue The Board of Education of School District #33 (Chilliwack) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the field trip, arising out of any cause whatsoever, including negligence. _____ (Initial Here)

In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the Board of Education and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver. _____ (Initial Here)

Signature of Parent/Guardian _____

Date (mm/dd/yy) _____

Printed Name of Parent/Guardian _____

Phone # _____ / Work Phone # _____ / Alternate Phone # _____