

Out of Province Within Canada or Continental USA Trip

Parent/Guardian Consent Form

School	:					
Trip:	Y	ear of Travel:				
1.	I/we, the undersigned, cabove trip.	onsent to have o	ur child		par	ticipate in the
2.	If this trip is cancelled at any time: I/we accept the financial penalty according to the travel agency's standard cancellation policy as outlined below:					
	Cancellation Date By By By		Pei \$ \$ \$	nalty		
3.	If there are any addition Interlake School Division is				nces, I/we a	ccept that the
4.	Students who have been aggressive behaviour, etc. The Superintendent/CEO associated with the poter	.) within the schoo will determine stu	l year of a tr	rip, may no	t be allowed	l to participate.
5.	If a student exhibits ext parents'/guardians' exper	•	le behavior	, he/she	may be sen	t home at the
6.	I/we, the undersigned, hereby acknowledge there is an assumption of risk inherent in this trip to and therefore, hereby release, indemnify and save harmless the Interlake School Division, its trustees, employees, servants or agents from and against any claims for personal injury or illness, death, loss or damage to personal property however caused, arising out of or in any way resulting from participation in this trip.					
Parent	Guardian Contact Informa	ation:				
Name:		Contact #:				
Name:		Contact #:				
Parent,	/Guardian Signature	Participant Sig	 gnature		Date	
Please	return to teacher organize	er bydd/mm	ı/yy			