



April 14, 2011

Re: Grade 7 Humanities Trip to Museum of Civilization

Dear Parents/Guardians,

On May 18th, your daughter's Grade 7 Humanities class will be venturing to the Museum of Civilization to participate in an afternoon of hands-on activities that bring to life the history of New France circa 1600s.

Students will travel back in time to experience rural and urban life in New France, as they learn about important topics such as the fur trade and economic life in a fortified town. They will meet an innkeeper played by an actor from the Museum's resident theatre company, visit a fur trading camp and participate in an eye-opening trading activity using authentic trade goods.

The trip will depart from Elmwood on Friday, May 18th at 12:15 p.m. and return to school at 3:30 p.m. Specific details of what the students should bring will be outlined during their Humanities classes. Students will not have to bring lunch. The cost to each student is \$17.00, which includes transportation by bus, and entrance into the Museum.

Please complete and return the form attached expressing commitment to having your daughter participate in the trip.

If you have any questions or concerns about the trip, please do not hesitate to contact your child's Grade 7 Humanities teachers.

Sincerely,

Nadine Delanghe
Humanities Teacher

Cheryl Tweedie
Humanities Teacher



Elmwood School Parent/Guardian Consent and Release Form (Day)

for Excursion to the Museum of Civilization for the New France and Fur Trade Program

Date of Trip: May 18, 2011

Departure: 12:20 p.m. Return: 3:45 p.m.

Destination: Museum of Civilization

** In the case of joint custody, BOTH parents must sign this Consent/Release form **

COST OF TRIP

By my signature below, I allow Elmwood School to bill my account \$17 for the cost of this trip. I understand that Elmwood School will incur fixed costs as a result of this commitment and accordingly there are no refunds in the event that my daughter is unable to participate.

MEDICAL INFORMATION and EMERGENCY CONTACT INFORMATION

Student: _____ Birth Date: _____
Month Day Year

Family Doctor: _____ Phone: _____

Medical Condition(s): _____

Medication(s): _____

Allergies: _____

Ontario Health Card Number: _____

Emergency Contact: _____ Phone: _____

CONSENT TO PARTICIPATE & TERMS OF PARTICIPATION

By my signature below, I give my daughter of SLG/Homeroom _____ permission to attend the New France and Fur Trade Program at the Museum of Civilization, May 18, 2011.

I understand that all of Elmwood School's rules and policies (see Handbook) as well as any rules and directives established by those leading the trip remain in full force and effect for the duration of the trip.

By my signature below, I acknowledge and agree that I am solely responsible for any costs arising out of my daughter's breach of any of Elmwood School's rules and policies and/or any rules and directives established by those leading the trip and the resultant disciplinary actions, if any, whether occurring prior to or during the trip.

By my signature below, I further acknowledge and agree that in the event that my daughter breaches any of Elmwood School's rules and policies and/or any rules and directives established by those leading the trip while on the trip, Elmwood School may in its absolute discretion require that my daughter immediately return home and any expenses related to such a return (including without limitation travel, including travel of an adult to accompany my daughter, and any outstanding trip expenses) will be my sole responsibility.

RELEASE AND INDEMNITY

In consideration of my daughter being permitted to participate in the New France and Fur Trade Program ("the trip"), I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, agree as follows:

I acknowledge and accept that participation in the trip may expose my daughter to unspecified risks and hazards, which are inherent in such trips, including without limitation, the method of transportation for the trip, all of which I expressly and voluntarily assume.

By my signature below, I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, hereby RELEASE, WAIVE AND FOREVER DISCHARGE Elmwood School Inc. and its respective officers, partners, agents, employees, servants, representatives, successors and assigns ("the Releasees") OF AND FROM any and all actions, causes of actions, complaints, demands and claims whatsoever in existence prior to on or after the date hereof whether in law or in equity, in respect of death, injury, loss or damage to my daughter's person or my person or property HOWSOEVER CAUSED, arising or to arise by reason of my daughter's participation in the activities contemplated herein except to the extent that same are directly caused by the gross negligence of Elmwood School Inc. or its respective officers, partners, agents, employees, servants, representatives, successors and assigns. I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my daughter's participation in the activities contemplated herein.

By my signature below, I also agree and undertake not to make any claim or take any proceedings against the Releasees set out above, or any other person or corporation which might claim contribution or indemnity under the provisions of any statute or otherwise from the Releasees set out above.

EMERGENCY MEDICAL CONSENT

In the event of an emergency, Elmwood School requires parental consent in order to consent to the medical treatment or surgery of the student. Elmwood School will use reasonable efforts to contact the parent(s) prior to consenting to medical treatment for the student and the parent(s) acknowledge and agree that the need for an immediate decision regarding medical treatment for the student may make such contact impossible.

Accordingly, I, by my signature below, hereby authorize and give my express consent to the Head of Elmwood School, or her delegate, to act in loco parentis and in that capacity to consent to medical treatment or surgery for the student based on the advice of the attending physician who considers immediate medical treatment or surgery to be a necessity.

In addition, by my signature below, I hereby authorize and give my express consent to the Head of Elmwood School, or her delegate, to seek and obtain any and all medical interventions that may be reasonably required to ensure the safety and well being of my daughter while on the trip.

I have read all of the foregoing carefully and by my signature agree to be bound by all aspects of the foregoing.

Parent Name: _____ Date: _____

Parent Signature: _____

Parent Name: _____ Date: _____

Parent Signature: _____

Please return this form to your Humanities Teacher by April 20, 2011