



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

for Excursion: **WINTERIM EXCURSION**

Date of Trip: **TUES. JAN. 24 / WED. JAN. 25**

Departure: **APPROX. 1:00 P.M. Tues. Jan. 24, 9:30 a.m. Wed. Jan. 25** Return: **BY 3:45 p.m.**

Destination: **RIDEAU TENNIS CLUB, MCARTHUR BOWLING LANES, RIDEAU CURLING CLUB**

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

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 and participate in all Winterim activities.

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 team remain in full force and effect for the duration of the season.

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 team and the resultant disciplinary actions, if any, whether occurring prior to or during the season.

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 team during the season, 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 all Winterim activities, 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 season may expose my daughter to unspecified risks and hazards, which are inherent in such teams, 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 MRS. NEALE by January 11, 2012