

**THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM, ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY**

School: Buchanan Park

Date of Excursion: Sept. 7 to Oct. 2, 2025

Location: Buchanan Park Ball Diamond

Activity: Kick Baseball

Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:

- |                               |                               |
|-------------------------------|-------------------------------|
| 1. Slips, trips, falls        | 2. Concussion                 |
| 3. Minor muscle sprain/strain | 4. Vocal strain from cheering |

- I/We acknowledge receipt of the letter dated Sept. 3, 2025 from the school with respect to the upcoming student excursion. We authorize transportation by N/A
- I/We understand that excursions contain an element of risk and accidents may occur that may result in injury and/or loss without fault of either the student, or the school board, its employees or the facility where the activity is taking place.
- I/We understand that by choosing to allow the student to participate in this activity, I/we bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.
- I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Old Republic Insurance Company of Canada at 1-800-463-KIDS (5437) or online at [www.insuremykids.com](http://www.insuremykids.com).
- I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.
- I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.
- I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.
- I/We understand Hamilton-Wentworth District School Board nor the School, will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation by the board.

☐ I/WE HAVE READ THE ABOVE AND WE UNDERSTAND IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

☐ I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.

Names of Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Signature of Student (if over 18): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE CHECK BOX FOR METHOD OF PAYMENT: ☐ ONLINE ☐ CASH ☐ CHEQUE

☐ I am interested in volunteering. Please contact me to initiate the volunteer screening process.