



Student Name: \_\_\_\_\_ Biological Parent Name: \_\_\_\_\_

I, the undersigned, parent of \_\_\_\_\_, hereby acknowledge that certain risks of injury are inherent to participation in high-risk to medium risk activities. These types of injuries may be minor or serious and may result from my child's own actions or the actions or inactions of others, or a combination of both.

I understand that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I hereby declare that our child is physically fit to participate and understand that the choice to participate brings with it the assumption of those risks and results which are part of these activities.

I understand and acknowledge that despite the precautions taken by the student and their homestay family, there are potential risks associated with engaging in high-risk activities, including risks of physical injury, accident, sickness, death, delay, inconvenience or damage to personal property as a result of my child's participation in the activity.

I authorize my child to participate in the following activities by checking off the selected activities. Some of the associated risks arise from and include, but are not limited to, the activities listed below:

- Encountering wildlife;
- Travel by snowmobile;
- Water skiing/tubing
- Travel by motorized boat or small self-propelled watercraft
- Ice sport events (includes but is not limited to skating, curling, hockey)
- Downhill skiing
- Other: \_\_\_\_\_

I agree that the Louis Riel School Division and its homestay families and employees shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from, my child's participation in these activities.

In adherence with the ISP Policy, I understand that my child is forbidden from operating motorized vehicles.

I declare having read and understood the above INFORMED CONSENT AND WAIVER AGREEMENT in its entirety and give consent for our child to participate acknowledging all of the foregoing.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)