

## **Informed Consent/Permission Form For Education Trips**

(STUDENTS UNDER 18 YEARS)

The	(name of school) is arranging
activities such as ultimate frisbee and broomb	e guests will participate in activities ranging from high ropes elements, to ball. Activities will have different levels of challenge and risk, but all activities where guests have a choice in the level to which they will participate.
THIS FORM MUST BE READ AND SIGNED B' GUARDIAN OF A PARTICIPATING STUDENT.	Y EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR
ELEMENTS OF RISK:	
	opes involve certain elements of risk. Injuries may occur while participating but is not limited to, examples of the types of injury which may result from ka Woods:
<ol> <li>Cuts, scrapes or bruises</li> <li>Fractures or sprains</li> <li>Significant bodily injury</li> </ol>	
the student, the school board, its employees agents. By choosing to take part in this activit consideration, the receipt of which is hereby Muskoka Woods, Muskoka Woods Youth Cartheir respective members, agents, volunteers, causes of action, claims and demands resulting	esults from the nature of the activity and can occur without any fault of either s/agents, or the facility where the activity is taking place or its employees/y, you are accepting the risk that you/your child may be injured. For valuable y acknowledged, the undersigned hereby releases and forever discharges mp Inc., Gwitmoc Foundation and Muskoka Woods Youth Foundation and employees, officers and directors (the "Releasees") from any and all actions, ag from any loss, injury or damage to person or property which has arisen or a Woods including any programs or otherwise, unless any such loss, injury or gligence of the Releasees.
The chance of an injury occurring can be recommended safety equipment at all times	reduced by carefully following instructions and wearing all required or while engaged in the activity.
The	(school boardl) does not provide accidental death,
disability, dismemberment or medical expens	se insurance on behalf of the students participating in this activity.
ACKNOWLEDGEMENT	
WE HAVE READ THE ABOVE. WE UNDERSTAND OFFERED, WE ARE ASSUMING THE RISKS ASS	OTHAT IN ATTENDING MUSKOKA WOODS AND PARTICIPATING IN ACTIVITIES OCIATED WITH DOING SO.
Signature of Student:	Date:
Signature of Student:	
Parent/Guardian Name:	Parent/Guardian Phone:
Signature of Parent/Guardian:	Date:
PERMISSION	
I give(name of student)	permission to participate in activities at Muskoka Woods to be
held on or about	
(trip date)	
Signature of Parent/Guardian:	Date: