



**Ecole Hammond Bay – Permission Form  
Whole School Neck Point Run/Walk**

If this form is not signed and returned to the school by April 16<sup>th</sup>, your child  
WILL NOT BE ALLOWED TO ATTEND

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

Destination/Activity/Program: Whole School Neck Point Run/Walk

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ has my permission to participate

Date: \_\_\_\_\_ Name (*Please print*): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Contact Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_