

The International Student Program is arranging
Name of School

a field trip to Hardwood Ski and Bike on August 29 or August 30, 2024
Description of Activity Date

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OF AGE OR A STUDENT 18 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE.

ELEMENTS OF RISK:

Educational activity programs, such as Hardwood Ski and Bike involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, the types of injury which may result from participating in:

Please check all injuries that could apply:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Bruises | <input checked="" type="checkbox"/> Cuts/Scrapes | <input checked="" type="checkbox"/> Insect/Bug Bites |
| <input checked="" type="checkbox"/> Breaks/Fractures | <input checked="" type="checkbox"/> Dehydration | <input checked="" type="checkbox"/> Sprains/Strains |
| <input checked="" type="checkbox"/> Concussion | <input type="checkbox"/> Frostbite | <input checked="" type="checkbox"/> Sun Exposure |
- Other: _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you or the student choose to participate in (*activity*) on Orientation Field Trip to Hardwood Ski and Bike (*date*) August 29 or August 30 2024, you or the student must understand that you bear the responsibility for any injury that might occur.

The Simcoe County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

PARENT/GUARDIAN ACKNOWLEDGEMENT FORM:

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

I/We give _____ permission to participate in the
Student Name

Hardwood Ski and Bike field trip to be held on August 29 or August 30 2024
Description of Activity Date

Signature of Parent/Guardian Date

INHERENT RISK AND RESPONSIBILITY CONSENT FORM

Participant Name: _____

School Name: _____

RESPONSIBILITY CODE As a participant in the Outdoor Recreation programs at Hardwood Ski and Bike, students are expected to follow the rules and regulations as outlined by Hardwood Ski and Bike staff.

Participants must always be in control. Trail signs and equipment must be obeyed. Hardwood Ski and Bike may revoke all privileges for violation of the code or other unacceptable conduct.

ACKNOWLEDGEMENT/INFORMED CONSENT This signed form is required for all students who wish to participate in school board sanctioned outdoor recreation activities.

INHERENT RISK: Mountain biking, cross-country skiing, snowshoeing, trail running and all other outdoor activities have physical demands and inherent risks which are beyond the control of **Hardwood Ski and Bike**. The inherent risks include but are not limited to: falling; collision with natural or man-made objects or other persons; changing weather conditions; changes or variations in the terrain or surface; exposed rocks, earth or ice; travel beyond the course boundaries or trails. Incidents may occur which result in serious injury or death. I understand that participants must assume the inherent risks of the activities. Hardwood Ski and Bike follows all provincial and health unit guidelines regarding virus and bacteria reduction practices. However **INFECTIOUS DISEASE CONTRACTED THROUGH VIRUSES, BACTERIA, PARASITES, AND FUNGI WHICH MAY BE TRANSMITTED THROUGH DIRECT OR INDIRECT CONTACT;**

Following all rules and procedures outlined by Hardwood Ski and Bike can reduce the risk of injury or illness. Failure to follow the rules will result in the participant losing their trail ticket and future resort privileges.

We have read and understand the above information and in participating in the outdoor recreation programs, we are assuming the risks associated with doing so.

Accordingly, I, as parent/guardian give my son/daughter permission to participate in the above noted activities at Hardwood Ski and Bike and acknowledge the above-mentioned risks.

Student Name _____

Parent or Guardian name: _____ Signature: _____

Date: _____





LEGAL LAST NAME

LEGAL FIRST NAME

HIGH RISK CONSENT

The International Student Program _____ is arranging
Name of School

a field trip to Horseshoe Valley For Treetop Trekking on October, 3 or 4, 2024
Description of Activity Date

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OF AGE OR A STUDENT 18 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE.

ELEMENTS OF RISK:

Educational activity programs, such as Treetop Trekking involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, the types of injury which may result from participating in:

Please check all injuries that could apply:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Bruises | <input checked="" type="checkbox"/> Cuts/Scrapes | <input checked="" type="checkbox"/> Insect/Bug Bites |
| <input checked="" type="checkbox"/> Breaks/Fractures | <input checked="" type="checkbox"/> Dehydration | <input checked="" type="checkbox"/> Sprains/Strains |
| <input checked="" type="checkbox"/> Concussion | <input type="checkbox"/> Frostbite | <input checked="" type="checkbox"/> Sun Exposure |

Other: _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees, agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you or your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you or the student choose to participate in (activity) field trip to Horseshoe Valley for Treetop Trekking on (date) October 3 or 4 2024, you or the student must understand that you bear the responsibility for any injury that might occur.

The Simcoe County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

PARENT/GUARDIAN ACKNOWLEDGEMENT FORM:

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

I give permission to participate in the
Student Name

Treetop Trekking to be held on October 3 or 4, 2024
Description of Activity Date

Signature of Parent/Guardian Date

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO
SUE. PLEASE READ CAREFULLY!!!**

Initial

TREETOP TREKKING AERIAL COURSES AND ATTACHED DESCENTS IN THE FOREST

Date: **October 3 or 4 2024**

Location : 1101 Horseshoe Valley Rd., RR#1 Barrie, L4M4Y8

LAST Name of participant		FIRST name	
Address		City	Province
Postal Code	Telephone number		Date of Birth

Emergency Contact : Name :	Allergies (Life Threatening)
Emergency Contact Phone # :	
Medical Conditions	Medications

TO: TREETOP TREKKING HORSESHOE INC. and SKYLINE BOUTIQUE HOTELS AND RESORTS and their respective affiliates, directors, officers, employees, agents, volunteers, independent contractors, representatives, successors and assigns (collectively hereinafter referred to as the "RELEASEES").

DEFINITIONS

- The term "Activities" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the RELEASEES and shall include, but is not limited to participating in aerial adventure park courses, zip-lines, self-braking rapid descent activities, hiking, observing or otherwise moving on or around the premises of the RELEASEES or any other such activities, events or services in any way connected with or related to the RELEASEES.

SAFETY ACKNOWLEDGMENT

- I acknowledge that I am required to wear the provided and approved harness and helmet and/or other safety equipment while participating in the Activities. I am aware that there are Guides available to answer any questions I may have about the proper use of the equipment. I am aware that the unusual mental stresses and physical exertion required to participate in the Activities and the forces exerted on the body can activate or aggravate pre-existing mental or physical injuries, conditions or congenital defects. I acknowledge that the level of participation is at all times completely up to me and I am the best and only judge of my degree of ability to participate in the Activities and I am conscious of the risks which I am exposing myself to voluntarily and with full knowledge of the facts.
- I acknowledge having read the reverse of this document titled "PARK REGULATIONS" and I attest that I will attend the Mandatory Safety Orientation and devote my utmost attention to learning and applying all safety requirements and rules for participating in the Activities.

ASSUMPTION OF RISKS

- I am aware that participation in the Activities involves inherent and unusual risks, dangers and hazards including, but not limited to slips and falls, falls from heights, difficult natural and/or man-made terrain, the use of ladders, adventure courses and zip-lines, impact or collision with trees, platforms or other natural or man-made objects, collision with other participants, guides or spectators, the failure to remain within designated areas, negligence of other participants and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ACTIVITIES. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREIN.** I am also aware that the risks, dangers and hazards referred to above exist throughout the Park and may be uncontrolled, unmarked and not inspected.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

- In consideration of the RELEASEES agreeing to my participation in the Activities and permitting my use of their adventure park systems, equipment, parking and other facilities and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I HEREBY AGREE AS FOLLOWS:

(a) TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury including death, or expense that I may suffer, or that my next of kin may suffer, either directly or in directly as a result of my participation in the Activities and my use of the premises and facilities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS' LIABILITY ACT, R.S.O. 1990, c.O.2, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ACTIVITIES.	Initial
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- TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any claims or demands resulting from any property damage or personal injury to any third party, which might be made against the RELEASEES resulting from my participation in the Activities and my use of the aerial park, equipment, premises or facilities.
- That this agreement shall be effective and binding upon my heirs, next of kin, administrators, assigns and representatives, in the event of my death or incapacity.
- That this agreement shall be governed and interpreted in accordance with the laws of the Province of Ontario and any litigation involving the parties shall be brought within the Province of Ontario, and
- In entering into this agreement, I am not relying on any oral or written representations or statements made by the RELEASEES with respect to the safety of the Activities, other than what is set forth in this agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I AM AGREEING TO THE FOLLOWING:

- THAT I AM ASSUMING ALL RISK OF INJURY, LOSS OR DAMAGE WITH RESEPECT TO THE AERIAL PARK, THE EQUIPMENT, THE ACTIVITIES AND THE USE OF THE PREMISES AND FACILITIES;
- THAT I AM WAIVING ANY AND ALL CLAIMS ARISING FROM ANY CAUSE WHATSOEVER AGAINST THE RELEASEES, ON BEHALF OF MYSELF AND MY HEIRS, SUCCESSORS AND ASSIGNS; AND
- THAT I WILL INDEMNIFY THE RELEASEES IF ANY SUCH CLAIMS ARE BROUGHT AGAINST THEM.

Signature of Participant	Signature of Parent or Guardian (if participant is under 18 years old)
Signature of TREETOP Witness	THIS AGREEMENT MUST BE COMPLETED IN FULL, INITIALLED, DATED, SIGNED AND WITNESSED BY US PRIOR TO PARTICIPATION IN THE ACTIVITIES!!!

PARK REGULATIONS

Participants must observe the following points:

1. I must participate in the safety orientation before attempting the aerial courses, zip-lines or rapid descent devices.
2. Except when I am moving my safety lines between cables, I must always **REMAIN ATTACHED TO THE CABLES BY 2 CARABINERS. I MUST NEVER DETACH BOTH CARABINERS AT THE SAME TIME.**
3. I must observe the coloured tape attached to the cables and attach the carabiners to the correct cables.
4. I will not attach or detach myself to the ADRENALINE JUMP rapid descent device – a Park Guide must do this for me.
5. Coloured bracelets are distributed according to the age and the height of each participant. I must wear the bracelet given to me at all times while participating in the Activities.
6. Children under the age of 15 years must be accompanied by an adult. Minimum age for ADRENALINE JUMP is 9.
7. There must be no more than 2 participants on a platform at a time, and no more than 2 participants on a game at a time. **THERE MUST BE NO MORE THAN 1 PERSON ON OR ATTACHED TO A ZIP-LINE AT A TIME.**
8. It is formally forbidden to smoke or drink alcohol anywhere in the Park.
9. It is forbidden, except with authorization to walk underneath the courses (outside of the trail).
10. I must respect my designated return time to the chalet.
11. Pregnant women, intoxicated persons and individuals with heart conditions should not participate in the Activities.
12. Individuals who are overweight and/or in poor physical condition should be conscious of their well-being while participating in the Activities and should cease participation if necessary. ADRENALINE JUMP permissible weight range is 44-250 lbs.
13. **RAIN CHEQUES** will be provided if the Lead Guide determines that climbing cannot continue.
14. Treetop Trekking Horseshoe Inc. and its Guides reserve the right of exclusion, with no other form of warning or reimbursement, of any person who does not respect the Park Regulations. **I must respect any decision of the Park Guides.**

Initial

*We have implemented all means and personnel necessary to ensure your safety, but this also depends on your attitude in regards to respecting the instructions that have been clearly explained.

*It is strongly advised before beginning the Activities that you tie back long hair, wear sport shoes and comfortable clothing. You are in a forest environment. The RELEASEES are not responsible in the case of marks or tears to clothing and shoes sustained in the courses. The RELEASEES reserve the right to interrupt the activities if they judge that the weather conditions demand it (see conditions of exchange at the cash). In case of doubt about any matter, do not hesitate to ask for advice from the Guides.

Cancellation / Refund policy - Individual and Group Policy

Cancellation 3 days or less from reserved date = no refund; 4 days to 30 days = 50% refund; 31 days to 59 days = 80 % refund **unless rebooked – one rebooking opportunity only.**

If the number of climbers in your group is less than the number reserved, you will be charged for the full number reserved.

MEDICAL ACKNOWLEDGMENT

I AM IN GOOD PHYSICAL AND MENTAL HEALTH AND DO NOT SUFFER FROM ANY HANDICAPS OR PHYSICAL CONDITIONS THAT COULD CONSTITUTE A DANGER TO MYSELF OR OTHERS AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES AS SUCH PARTICIPATION WILL PLACE UNUSUAL MENTAL AND PHYSICAL STRESSES ON THE BODY AND IS NOT RECOMMENDED FOR PEOPLE SUFFERING FROM ASTHMA, EPILEPSY, CARDIO/RESPIRATORY DISORDER, HYPERTENSION, SKELETAL, JOINT OR LIGAMENT CONDITIONS, CARDIAC OR PULMONARY CONDITIONS, HIGH BLOOD PRESSURE, NEUROLOGICAL DISORDERS, CRONIC NECK OR BACK PROBLEMS OR A HISTORY OF ANEURYSMS.

PROMOTIONAL MATERIAL – I acknowledge that pictures and/or video may be taken of me by the Releasees while I participate in the Activities. I give my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made by the Releasees. I agree that the Releasee has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release the Releasees and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I AM _____ YEARS OLD. IF I AM UNDER THE AGE OF 18, I HAVE THE WRITTEN PERMISSION OF MY PARENTS TO PARTICIPATE IN THE ACTIVITIES AND A PARENT OR GUARDIAN HAS SIGNED BELOW.

Signature of participant: _____

Signature of parent or guardian: _____



LEGAL LAST NAME

LEGAL FIRST NAME

HIGH RISK CONSENT

The International Student Program

is arranging

Name of School

a field trip to Tiffin Centre for Conservation

on January 31, 2025

Description of Activity

Date

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OF AGE OR A STUDENT 18 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE.

ELEMENTS OF RISK:

Educational activity programs, such as _____ involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, the types of injury which may result from participating in:

Please check all injuries that could apply:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Bruises | <input type="checkbox"/> Cuts/Scrapes | <input type="checkbox"/> Insect/Bug Bites |
| <input checked="" type="checkbox"/> Breaks/Fractures | <input checked="" type="checkbox"/> Dehydration | <input checked="" type="checkbox"/> Sprains/Strains |
| <input checked="" type="checkbox"/> Concussion | <input checked="" type="checkbox"/> Frostbite | <input type="checkbox"/> Sun Exposure |

Other: _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees, agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you or your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you or the student choose to participate in (activity) Tiffin Centre for Conservation on (date) Friday, January 31, 2025, you or the student must understand that you bear the responsibility for any injury that might occur.

The Simcoe County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

PARENT/GUARDIAN ACKNOWLEDGEMENT FORM:

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

I give permission to participate in the _____
Student Name

Tiffin Centre for Conservation to be held on Friday January 31, 2025
Description of Activity Date

Signature of Parent/Guardian Date



LEGAL LAST NAME

LEGAL FIRST NAME

HIGH RISK CONSENT

_____ is arranging
Name of School
_____ on _____
Description of Activity Date

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OF AGE OR A STUDENT 18 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE.

ELEMENTS OF RISK:

Educational activity programs, such as _____ involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, the types of injury which may result from participating in:

Please check all injuries that could apply:

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|---|---------------------------------------|---|
| <input type="checkbox"/> Bruises | <input type="checkbox"/> Cuts/Scrapes | <input type="checkbox"/> Insect/Bug Bites |
| <input type="checkbox"/> Breaks/Fractures | <input type="checkbox"/> Dehydration | <input type="checkbox"/> Sprains/Strains |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Frostbite | <input type="checkbox"/> Sun Exposure |
- Other: _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees, agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you or your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you or the student choose to participate in (activity) _____ on (date) _____, you or the student must understand that you bear the responsibility for any injury that might occur.

The Simcoe County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

PARENT/GUARDIAN ACKNOWLEDGEMENT FORM:

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

I give _____ permission to participate in the
Student Name

_____ to be held on _____
Description of Activity Date

Signature of Parent/Guardian Date

APPENDIX 1b



LEGAL LAST NAME

LEGAL FIRST NAME



SPECIAL WINTER EXCURSION FORM / PARENTAL CONSENT

Participant Name: _____

School Name: _____

Select Activity: Skiing Snowboarding Snowshoeing Snowtubing Other _____

Ability: Non Beginner Intermediate Advanced Date of Visit(s): _____

Non Skier or Non Snowboarder	First time skiing/snowboarding. Individual has never skied or snowboarded before.
Beginner	The student has skied or snowboarded once or twice or a few times per year and has experienced and maintained control on a number of novice hills of varying difficulty. He/she is able to stop and turn both directions with some success. They are comfortable on green/beginner and some blue/intermediate slopes. May need assistance with getting on or off the lifts.
Intermediate	The student has skied or snowboarded on many occasions and has experienced a variety of hills and different ski areas. He/she can turn and stop under control using recognized formal techniques. They can ski /board with confidence on blue slopes and possibly some black/advanced slopes.
Advanced	The student is an experienced and competent skier or snowboarder. He/she has received formal instruction, knows and understands the Alpine Responsibility Code and can demonstrate ability at an advanced level. Such students can be called upon to assist supervisors.

IF RENTING EQUIPMENT, PLEASE COMPLETE

DATE OF BIRTH	<input type="text"/>	HEIGHT cm	<input type="text"/>
WEIGHT kg	<input type="text"/>	SHOE SIZE	<input type="text"/>

Rental Helmet Required Yes No

RENTAL EQUIPMENT

Bindings on equipment reduce the risk of injury when falling. They will not release under all circumstances and they do not guarantee safety in all cases. Parents must accept responsibility for equipment that is lost or damaged (other than reasonable wear and tear).

ALPINE RESPONSIBILITY CODE

The Ontario Snow Resorts Association has produced an Alpine Responsibility Code which the named ski area, **Snow Valley Resort** and the named school board _____ requires that you know and obey.

Skiers/snowboarders must always ski/snowboard in control and be able to stop and change direction to avoid collisions with people or objects. The named ski area, **Snow Valley Resort**, may revoke a lift ticket for violation of the code or other unacceptable conduct.

All participants must wear an appropriate snow sport helmet for school excursions to OSRA member facilities. OSBIE recommends that schools adopt a mandatory snow sport helmet policy regardless of ski facility locations.

Please include the named participant in the PARK program offered only to Advanced level skiers/ snowboarders.
 It is suggested that you and your son/daughter view the Smart Style safety video found at: www.terrainparksafety.org. In addition each ski area may have other requirements for entering their terrain park.
 Signature: Parent / Guardian _____

ACKNOWLEDGEMENT / INFORMED CONSENT

This signed form is required for all students who wish to participate in this outdoor recreation and snow sport education program. It should be understood that the purpose of this excursion is educational. Lessons are mandatory.

INHERENT RISK

Skiing/Snowboarding/Snowtubing/Snowshoeing/Other is a sport with physical demands and inherent risks which are beyond

the control of _____ and **Snow Valley Resort**
 (Name of School Board) (Name of Ski Area)

The inherent risks include, but are not limited to: falling; use of lifts; collision with natural or man-made objects or other persons; changing weather conditions; changes or variations in the terrain or surface; exposed rocks, earth or ice; travel beyond the trail boundaries. Incidents may occur which result in serious injury or death. Participants **must assume** the inherent risks of the sport.

It is strongly recommended by the Ontario Snow Resorts Association that you visit their website: www.skiontario.ca to review the complete OSBIE document and safety information on this site prior to your school visit. Following all rules and procedures can reduce the risk of injury. Failure to follow the rules will result in the student losing their lift ticket and future resort privileges.

We have read and understood the above information, and agree to the regulations as outlined by the Ontario Snow Resort member Ski Area. I give my son/daughter permission to participate in the above noted activity at the ski area indicated.

Parent / Guardian Name _____ Signature _____ Date _____



LEGAL LAST NAME

LEGAL FIRST NAME

HIGH RISK CONSENT

The International Student Program _____ is arranging
Name of School

a field trip to Canada's Wonderland _____ on Wednesday, May 21, 2025
Description of Activity Date

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OF AGE OR A STUDENT 18 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE.

ELEMENTS OF RISK:

Educational activity programs, such as Canada's Wonderland involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, the types of injury which may result from participating in:

Please check all injuries that could apply:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Bruises | <input checked="" type="checkbox"/> Cuts/Scrapes | <input checked="" type="checkbox"/> Insect/Bug Bites |
| <input checked="" type="checkbox"/> Breaks/Fractures | <input checked="" type="checkbox"/> Dehydration | <input checked="" type="checkbox"/> Sprains/Strains |
| <input checked="" type="checkbox"/> Concussion | <input type="checkbox"/> Frostbite | <input checked="" type="checkbox"/> Sun Exposure |

Other: _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees, agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you or your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you or the student choose to participate in Canada's Wonderland (activity) on (date) Wednesday, May 21,2025, you or the student must understand that you bear the responsibility for any injury that might occur.

The Simcoe County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

PARENT/GUARDIAN ACKNOWLEDGEMENT FORM:

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

I give _____ permission to participate in the
Student Name

Canada's Wonderland to be held on Wednesday, May 21, 2025
Description of Activity Date

Signature of Parent/Guardian Date

APPENDIX 1a

NOTE TO PARENTS AND STUDENTS:

This note, Appendix 1a, must accompany the Special Winter Excursion Form / Parental Consent, Appendix 1b. It is suggested that Appendix 1a be attached to the reverse side of Appendix 1b for distribution to parents.

This is an important document. Please take it to someone who can explain it to you.

- Arabic: هذه وثيقة هامة. الرجاء إرسالها إلى شخص يستطيع أن يفسرها لك .
- Chinese: 这是一份重要的文件，请把它交给可以向您解释的人。
- Farsi: این یک نوشتار بسیار مهم است. لطفاً این نوشتار را نزد شخصی ببرید که بتواند آنرا برایتان توضیح بدهد .
- Gujarati: આ એક મહત્વપૂર્ણ દસ્તાવેજ છે. કૃપા કરી કોઈ વ્યક્તિને બતાવો, જે તમને તેના વિષે સમજાવી શકે.
- Hebrew: זהו מסמך בעל חשיבות. בבקשה קחו אותו למישהו שיכול להסביר אותו .
- Hindi: यह एक महत्वपूर्ण दस्तावेज़ है। कृपया इसे किसी ऐसे व्यक्ति के पास ले जाएं जो इसे आपको समझा सके।
- Khmer: នេះគឺជាឯកសារសំខាន់មួយ។ សូមយកវាទៅជូនអ្នកណាម្នាក់ដែលអាចពន្យល់ឱ្យយល់បាន។
- Korean: 이것은 중요한 문서입니다. 그러니 이 문서에 관해 설명을 해줄 수 있는 사람에게 보여주시기 바랍니다.
- Punjabi: ਇਹ ਇਕ ਮਹੱਤਵਪੂਰਨ ਦਸਤਾਵੇਜ਼ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਇਸਨੂੰ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਕੋਲ ਲੈ ਜਾਓ ਜੋ ਤੁਹਾਨੂੰ ਇਹ ਵਿਸਥਾਰ ਨਾਲ ਸਮਝਾ ਸਕੇ
- Romanian: Acesta este un document important. Vă rugăm să cereți ajutorul unei persoane care vi-l poate explica.
- Russian: Это важный документ. Пожалуйста, покажите его человеку, который может объяснить Вам его содержание .
- Spanish: Este documento es importante. Muéstrelo a alguien que pueda explicárselo.
- Tamil: இது ஒரு முக்கியமான பத்திரம் ஆகும். இதனை உங்களுக்கு விளங்கப்படுத்தக்கூடிய ஒருவரிடம் தயவுசெய்து எடுத்துச் செல்லுங்கள்.
- Urdu: یہ ایک اہم دستاویز ہے۔ براۓ مہربانی اسے کسی کے پاس لے جانے جو آپ کو اس کی تشریح کر دے
- Vietnamese: Đây là một tài liệu quan trọng. Hãy giao nó cho người có thể giải thích cho bạn.

I hereby grant permission to the Simcoe County District School Board (SCDSB) and its agents or representatives to take photographs, videos or audio recordings of me/my child to promote, publicize or explain the SCDSB and its activities and functions and for administrative or educational or training purposes as outlined below.

Date <i>(MM/DD/YYYY)</i>	ISP Group visit to SCDSB Event and Location (provide details)
Who is involved (name of individual or class name)	Photos of students in classroom activities and excursions Describe what is being recorded.
Photos will be used in SCDSB and Learning Centre material, including, but not limited to, SCDSB Mission & Vision materials/video, annual report, brochures, posters, cards, advertisements, slide shows and on school/board/learning centre websites, including social media sites (Facebook, Twitter and/or Instagram)	
Primary Purpose	

I further grant to the SCDSB and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings and name in any media now known or later developed. I acknowledge that the SCDSB owns all rights to the images and recordings.

I further grant consent under the *Municipal Freedom of Information and Protection of Privacy Act* to the SCDSB to collect, use and disclose my image, voice, likeness and name in the video recordings/photographs for the promoting, publicizing or explaining the SCDSB and its activities and for administrative or educational purposes.

Waiver and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, and hold harmless the SCDSB, its officers, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials.

I have read this document before signing below and I fully understand the contents, meaning and impact of this consent, waiver, and release. This consent, waiver, and release is binding on me, my heirs, executors, administrators and assigns.

I understand that by giving this consent, I am permitting personal information about me or my child to be used as outlined in this form and further understand that if consent were withheld this use would not occur. I have given this consent voluntarily.

Date <i>(MM/DD/YYYY)</i>	School
Student Last Name	Student First Name
Name of Parent/Guardian/Adult Student	Signature of Student
Name of Parent/Guardian/Adult Student	Signature of Parent/Guardian/Adult Student

Witness Date *(MM/DD/YYYY)*

Personal information including images and recordings in connection with this form is collected under the authority of the *Education Act* including s.170, 171, 198, 199, 264 and 265 and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for promoting, publicizing or explaining the SCDSB and its activities and for administrative, educational or training purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information please contact the principal of the school or Business Services, 1170 Highway 26, Midhurst, Ontario L9X 1N6, phone (705) 734-6363.