

INFORMED CONSENT/PERMISSION FORM FOR EDUCATIONAL ACTIVITY PROGRAMS

Upper Canada District School Board (UCDSB) International Student Trip to Niagara Falls and Toronto
 Saturday, October 15– Sunday, October 16, 2016

<p><u>Saturday, October 15</u> 8:00 a.m. – Pick-ups begin throughout the UCDSB 10:00 a.m. – Group departs from UCDSB 4:00 p.m. – Arrival at Niagara Falls, sightseeing 5:00 p.m. – Boat Cruise on Hornblower Niagara Cruises 7:00 p.m. – Dinner and games on Clifton Hill 9:00 p.m. – Depart Niagara Falls 10:00 p.m. – Check-in to hotel (Hotel to be confirmed)</p>	<p><u>Sunday, October 16</u> 8:00 a.m. – Breakfast 9:00 a.m. – Depart hotel 11:00 a.m. – Shopping at Mall in Toronto 3:00 p.m. – Depart Toronto to return to the UCDSB</p>
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Students will report to adult group leaders consistently throughout the trip to Toronto and Niagara Falls during and between the related activities outlined above. However, students will not be under direct adult supervision at various times during the trip.

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT

Educational activity programs, such as this Field Trip to visit Niagara Falls and Toronto as a spectator and participating on a tour boat involve certain elements of risk. Injuries may occur while participating in these activities. The following list including, but is not limited to, examples of the types of injury which may result from participating in a Field Trip as a spectator and going on a tour boat:

- Slip & fall, strains, sprains
- Drowning, motion sickness, slip & fall, exposure to weather conditions

The risks of sustaining these types of injuries result from the nature of the activity and can occur without any fault of the student, the UCDSB and its employees/agent, Canada Homestay Network (CHN) and its employees/agent, Upper Canada Leger Centre for Education and Training (UCLCET) and its employees/agent, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that your child may be injured. I furthermore assume absolute responsibility and liability for such activities and, together with the Student, agree to indemnify and save harmless UCLCET, CHN, the school board in respect of which the Student is registered and all of their respective officers, directors, trustees, employees, representatives, agents, consultants and independent service providers (including but not limited to any transportation service provider(s)) from any and all liability for any and all actions, losses, damages and expenses (including, without limitation, the loss, damage or theft of money or property), personal injuries, or deaths, however caused.

Students will travel to this event by bus. Travel by bus involves certain elements of risk. The following list includes, but is not limited to, examples of the types of injuries which may occur while being transported to Toronto and Niagara Falls:

- Injuries related to a motor vehicle accident

ACKNOWLEDGEMENT

I hereby give permission for the Student above to participate in the activities as stated above. I furthermore assume absolute responsibility and liability for such activities and, together with the Student, we agree to indemnify and save harmless CHN, the school board in respect of which the Student is registered and all of their respective officers, directors, trustees, employees, representatives, agents, consultants and independent service providers (including but not limited to any transportation service provider(s)) from any and all liability for any and all actions, losses, damages and expenses (including, without limitation, the loss, damage or theft of money or property), personal injuries, or deaths, however caused.

We have read the above and we understand accept that participating in the Field Trip to Toronto and Niagara Falls and travelling by bus, we are assuming the risks and any associated damage, loss and expense.

I give _____ permission to participate in the Field Trip to Toronto and Niagara Falls as per above details.
 (student name)

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____

PAYMENT DETAILS

Dates	Description	Cost	Being Paid For
October 15 & 16, 2016	Niagara Falls/Toronto Includes transportation, 1 night hotel stay, Niagara Falls boat cruise, dinner, \$50 arcade games card, and shopping time.	\$160	<input type="checkbox"/>
November 25, 2016	Ottawa Mall Hop Includes transportation to many of Ottawa's largest and best shopping areas in a single day.	\$40	<input type="checkbox"/>
February 19, 2017	Ottawa Senators Professional NHL Hockey Game Includes transportation, and admission ticket for hockey game.	\$80	<input type="checkbox"/>
April, 2017 <i>(*Date to be confirmed)</i>	Montreal Impact Professional MLS Soccer Game Includes transportation, a visit to a Montreal shopping centre, and admission ticket for soccer game.	\$80	<input type="checkbox"/>
June 2 & 3, 2017	Canada's Wonderland Amusement Park Toronto Trip Includes transportation, 1 night hotel stay, amusement park admission and shopping time.	\$140	<input type="checkbox"/>

Payment being made on for _____ in the amount of \$ _____.
(student name) *(total registration fees)*

Cheque or cash delivered to Canada Homestay Network Relationship Manager _____
(Name)

Credit card payment (to pay by credit card, please complete the form below and return to international@ucl.ca)

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Name on Card: _____
	Relationship of Cardholder to Student: _____
	Card Number: _____
	Expiry Date: _____
	Amount (Total registration fees +3.5% processing fee): _____
	<ul style="list-style-type: none"> Payment for International Student trips as per above selections. Payment made to: Upper Canada Leger Centre for Education & Training Refunds for participation cancellations will be issued at a rate of 75% until 2 weeks prior to a trip. No refunds will be issued for cancellations less than 2 weeks prior to a trip.

I authorize payment through the above noted credit card. I am aware that there will be a 3.5 % additional fee for payment by credit card.

Signature of Cardholder: _____

Date: _____