

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the student, or the school district or its employees or agents or the facility where the activity is taking place. Activities that are identified as having the potential for more serious consequences are Alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, track and field-field events, high jump, shot-put, water polo and wrestling. By choosing to participate in the activity, you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The (name of School District) attempts to manage as effectively as possible the risk involved for students while participating in school athletics.

ANY student who is a member of any club/team/activity at KVHS and is involved in the possession or use of alcohol and/or drugs at any school activity in the province will:

- a) be removed from that club/team/activity
- b) receive a suspension from school for up to 5(five) days

ACKNOWLEDGEMENT OF RISKS/REQUEST TO PARTICIPATE/INFORMED CONSENT AGREEMENT

I/We have read and understand the notices of accident insurance, transportation insurance and elements of risk.

I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter for personal health, medical, dental and accident insurance coverages.

I/We request my son/daughter/ward to participate on the _____ team during the _____ school year.

(Sport)
I/We agree that (name of School District) or its employees, servants or agents shall not be liable for any injury to my son/daughter/ward or loss or damage to personal property arising from, or in any way resulting from participation in the above activities.

Signature of Parent/Guardian _____ Date _____

PLEASE NOTE

The information provided on this form will be treated confidentially. In keeping with the principles of the Protection of Personal Information Act, it will be used in relation to educational programming and/or the provision of medical assistance to the named student, as appropriate. Any questions with respect to this information should be directed to your school principal.