

## Disclaimer

I hereby give my consent for \_\_\_\_\_ (name of student) to participate at the Leadership Camp which will take place on \_\_\_\_\_ (date). **Initials : \_\_\_\_\_**

I am aware of the risks and dangers that come with this type of activity and trip, and the possibility of material damage or losses, as well as injury or loss of life that can result from these. These risks and dangers may include, but are not limited to: weather conditions, material deficiency, delayed emergency response, the physical geography of the site, human error, and the usual risks associated with outdoor sporting activities. **Initials : \_\_\_\_\_**

I am fully aware of my responsibility to inform the school of any medical conditions (physical and psychological) which might affect my child's participation in this activity. I hereby confirm that the school has been informed of all changes to the physical or medical condition of my child since the medical questionnaire was filled out. **Initials : \_\_\_\_\_**

I agree to provide my child with clothing that is appropriate for the scheduled activities. (See required equipment\*.) **Initials : \_\_\_\_\_**

I understand that the school's Code of Conduct as well as the rules specific to the program apply for the entire stay, and that I will be responsible for all costs stemming from my child's failure to respect the code, including return travel costs. Students must follow all directives and instructions issued by school staff, employees of Conseil jeunesse, as well as their activity instructors for the duration of the program. **Initials : \_\_\_\_\_**

I am aware that the Conseil scolaire francophone of British Columbia does not purchase medical insurance nor issue reimbursements for participating students. **Initials : \_\_\_\_\_**

I \_\_\_\_\_ (name of parent/guardian), understand that the Conseil scolaire francophone and/or the Conseil jeunesse may use my child's image (photograph or video) for promotion, publicity and/or publication. **Initials : \_\_\_\_\_**

I fully accept the risks inherent in this type of activity and I forgo all potential claims and legal actions which might ensue against the Conseil scolaire francophone of B.C., the Conseil jeunesse, as well as the operators of the program site, their schools, administrators, employees, school staff, volunteers and representatives, as a result of any injury, death, loss or damage affecting my child during the program. **Initials : \_\_\_\_\_**

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Authorization from the School:

I give my consent for \_\_\_\_\_ (name of student) to participate in the above program run by the Department of Instructional Services

For the management : \_\_\_\_\_ Date \_\_\_\_\_

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**Conseil scolaire francophone de la Colombie-Britannique**