

Informed Consent for Student Activities

Activity Name:	
Activity Date:	
Activity Location:	
Activity Transportation:	
Activity Description (describe the activity and potential risks along with the supervision and oversight that will be provided):	

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, the college or its employees or agents, or the facility where the activity is taking place. By participating in this activity, you are ACCEPTING the risk of an accident occurring, and agree that this activity, as described above, is suitable for you.

By signing below, I agree that I understand that I may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

Signed this _____ day of _____, 20_____

PARTICIPANT: Name (print):	Signature:
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PARENT(S)/GUARDIAN(S) *Names and Signatures of guardians(s) are MANDATORY IF the PARTICIPANT is under 19 years of Age:*

I am the minor participant's parent and/or legal guardian and understand the nature of the activities, and the minor's experience and capabilities, and believe the minor is qualified, in good health and in proper physical condition to participate in the activities, and understand that the minor may be exposed to certain risks while participating in the activity and that accidents and injuries may occur.

NAME(s) of guardian(s) (print):		
SIGNATURE(s) of guardian(s):		

The information on this form is collected by the College of the Rockies under section 26(c)(d) of the BC Freedom of Information and Protection of Privacy Act and will be used only for the purposes related to policy 6.1.6 Student Activities Outside the Classroom. Should you have any questions about the collection of this personal information please contact the College's Privacy Officer at bmathenia@cotr.bc.ca, 250-489-2751 x3293, The College of the Rockies, P.O. Box 8500, Cranbrook, BC V1C5L7.