

**Appendix 4a: Volunteer Consent Low Risk**

**Program/Activity Information**

Destination/Activity

	<u>Departure Date</u>	<u>Departure Time</u>	<u>Return Date</u>	<u>Return Time</u>
	11-Jan-2019	10:40 AM	11-Jan-2019	12:15 PM
	05-Apr-2019	1:10 AM	05-Apr-2019	2:45 AM
	21-Jun-2019	9:40 AM	21-Jun-2019	11:15 AM

Area of Study (as related to BC Curriculum)

Transportation: (check all that apply)  School District bus/van  Walking  Public Transportation  Charter Bus  Rental Van  
 Service Provider  Private Vehicle  Other (Specify)

Drivers: (check all that apply)  Volunteer Driver, Staff/Supervisor  Professional Driver(s)  
 Other (Specify)

Lead Teacher

Total number of supervisors planned  Supervisory Arrangements

Estimated Cost to Student

What to Bring

Other Considerations

Risks inherent in the trip:

Involves water-based activities (See appendix eight)

Safety plan for inherent risks:

## Volunteer Consent and Acknowledgement of Risk

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement.
4. I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance.
5. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6. I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
7. I understand that I am obliged to keep confidential any student personal information (in particular health information) that is disclosed to me by school district personnel, parents, and/or students, except as required for the purposes of discharging my obligations on the off-site activity.
8. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
9. I acknowledge that the trip supervisors may secure such emergency medical services (e.g., ambulance) as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services.
10. I understand, acknowledge and consent to the above as described herein.

Volunteer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_