



RELEASE – SPECIFIC ACTIVITIES

Home School Student

PLEASE READ CAREFULLY

Name of student: _____

(please print)

The above-noted student is wanting to participate in activity(ies) on the following date(s):

A description of the activity(ies) is as follows:

THIS FORM MUST BE READ AND SIGNED BY EVERY PARENT/GUARDIAN OF A STUDENT UNDER THE AGE OF 18 FOR A STUDENT TO PARTICIPATE IN THE SPECIFIED ACTIVITY(IES).

THIS FORM MUST ALSO BE READ AND SIGNED BY EVERY STUDENT AGE 13 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE IN THE SPECIFIED ACTIVITY(IES).

1. BACKGROUND

The activity(ies) described above may involve certain elements of risk. Accidents may occur while students are participating in or travelling to and from such activities. An accident could occur and cause an injury, sickness or death, or damage to or loss of property without fault on the part of the Prince Edward Island School Athletic Association (PEISAA), Public Schools Branch, French Language School Board, their employees, volunteers, representatives, agents, or the facility where the activity or event is taking place. In allowing the student to participate, the parent/guardian (if the student is under 18 years of age) assumes the potential risk. If a student is 18 years of age or over, the student assumes the potential risk.

NOTE: If **signed permission is not provided**, the student will not be permitted to attend the activity(ies) described above.

2. ACKNOWLEDGEMENT AND PERMISSION

I have read the above, and give permission for the student stated above to attend or participate in the activity(ies) described above, for which he/she may be eligible.

I recognize the potential for injury, sickness or death, or damages or losses to property, and agree to assume the risks associated with the activity(ies) described above. I also recognize that failure on the part of the student to obey PEISAA rules or failing to follow the rules or instructions laid out by teachers, administrators, volunteers, chaperones, or others associated with the activity(ies) described above may result in the student being subjected to disciplinary action.

I/We understand that _____ has no coverage under the Public Schools Branch or

(Name of Student)

the French School Board accident policies, details of which can be found on the following links:

https://edu.princeedwardisland.ca/psb/wp-content/uploads/2013/01/sai_policy.pdf.

<https://cslfipe.wordpress.com/programme-scolaire-dassurance-accident/>

NOTE: The exclusion for Home Schooled students can be found under Definitions - Student 2).

X

Signature of Parent/Guardian (for a student under the age of 18)

Date

X

Signature of Student (if student is 13 years of age or older)

Date

3. RELEASE AND INDEMNIFICATION

In consideration of the PEISAA allowing the student to participate in the activity(ies) listed above, I hereby release, hold harmless and indemnify, the Prince Edward Island School Athletic Association (PEISAA), Public Schools Branch, French Language School Board, their employees, volunteers, representatives, agents, and their respective heirs, executors, administrators, successors and assigns from any and all actions, causes of action, claims, suits and demands of whatever nature including negligence, (except for the gross negligence of the PEISAA, the Public Schools Branch, the French Language School Board, their employees, volunteers, agents and representatives). I understand that this release applies to any injury, sickness or death and damages or losses of any kind, including property loss or damage sustained while participating in or being transported to or from this activity.

X

Signature of Parent/Guardian (for a student under the age of 18)

Date

X

Signature of Student (if student is 13 years of age or older)

Date

4. EMERGENCY SITUATION AND ON SITE SUPERVISION

In the event of an Emergency Situation, I authorize the PEISAA representatives to take whatever immediate action is considered reasonably necessary under the circumstances which may include rendering basic first aid, obtaining and following instructions from a physician or other licensed health practitioner, and providing or arranging transportation of the student to the nearest or most appropriate health care facility. I hereby release the Prince Edward Island School Athletic Association (PEISAA), Public Schools Branch, French Language School Board, their employees, volunteers, agents, and representatives, and their respective heirs, executors, administrators, successors and assigns, from any and all liability for any injury, loss or damage which may be sustained as a result of providing treatment, including transportation to facilitate such treatment.

I understand that, in order for the student to participate in the above-noted PEISAA activity, I will provide adult supervision for the student at all times during the activity. The adult that will be on site providing the supervision is: _____

(Please Print)

X

Signature of Parent/Guardian

Date

X

Signature of Student (if 18 years of age or older)

Date

Applicable to first paragraph only