



Acknowledgement of Risk and Consent of Parent or Guardian (On-Site Activity/ies)

STUDENT NAME _____

1. Select **either** (i) or (ii)

- (i) ☐ My child will be given the opportunity to participate in the following program or activity: (please specify program)
Dr. E.P. Scarlett Fitness Center Club
- a) Name of the Service Provider (if applicable): _____
- b) Date: 2024-25 School Year
- c) Teacher in Charge: Alphonse Botros, Greg Belostotski, Duncan McMillan, and/or Mike McKillop
- (ii) ☐ My child will be given the opportunity to participate in the following series of on-site activities for the following program
(Please specify program):
Fitness Center Club (before or after school Monday-Thursday)

See the attached list for activities, date, service provider (if applicable) and teacher in charge.

2. The Calgary Board of Education (the "CBE") will make every reasonable effort to ascertain that:
- The staff of the CBE and/or (as applicable) the Service Provider involved in providing the activity are suitably trained and qualified.
 - The students who undertake the program or activity will be adequately supervised.
 - Any equipment used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
 - The location where the activity will take place is appropriate and safe.
 - As applicable, the Service Provider has taken all reasonable steps to ensure that any domestic animal(s) involved in the activity are safe.

Potential hazards may include but are not limited to the following:

- various training injuries (muscles strains and soreness) common to resistance training, dehydration

Consent and Acknowledgement of Risk

- I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that information provided to me by the school or the CBE to the extent that I require. I am not, in any way, relying solely upon information provided by the school or the CBE respecting the nature and extent of the risks and hazards associated with the program or activity.
- I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
- My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
- In the event that my child fails to abide by the rules and regulations imposed on students while participating in the program or activities, disciplinary action may require that he/she not participate in the program or activity and/or that I will be contacted to have him/her picked up.
- I acknowledge that it is my responsibility to advise the CBE of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.
- Based on my understanding, acknowledgement, and consents as described herein, I agree that _____
has my permission to participate in this program or activity. (Name of Student)

Date: _____ Name: _____ Signature: _____
Parent/guardian (Please Print) Parent/Guardian

Notice: Any personal information collected by the CBE pursuant to this form is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act* ("FOIP") and the *School Act*. Such information will be used in connection with the provision of the programs and activities referred to above, and will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the collection of personal information, contact your school principal or the CBE's Corporate Risk Management Department at 403-817-7407.