



**DOON PUBLIC SCHOOL**  
**1401 Doon Village Road, Kitchener, Ontario N2P 1A8**

Telephone: 748-1341 Fax: 748-1342

**Your child will be participating in  
Doon's Winter Activity Day –  
February 16<sup>th</sup>.**

The activity takes place at:  
**Shades Mills Conservation Area (AM) & Towne Bowl (PM)**

Please arrive at Doon for regular class times – homeroom begins at 8:30, we will leave by bus at 9 am.

Please come prepared and dress appropriately for the outdoor snowshoeing activity – hat, gloves and warm socks.

Please ensure you bring a lunch as it will not be provided. Time will be set-aside after the morning activity to eat lunch.

Please sign and return the attached permission form by Friday February 5<sup>th</sup>.

Sincerely,

Mr. Oberle  
Principal

Ms. Weber  
Vice Principal

\*\*\*\*\*

\_\_\_ My child will be reporting to school and participating in the snowshoeing and bowling activities. He/She will bring his/her own lunch. I have enclosed \$20.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Homeroom

\_\_\_\_\_  
Parent's Signature



**NOTE TO PARENT/GUARDIAN AND STUDENT/GROUP MEMBER  
PLEASE READ CAREFULLY**

Doon Public School is arranging a school/group trip to **Shade's Mills Conservation Area**. Grand River Conservation Authority and its directors, officers, employees, instructors, agents, representatives, volunteers, successors, and assigns (**hereinafter collectively referred to as the "Releases"**). In this agreement, the term "We" shall refer to participating student/group member and his/her parent(s)/guardian(s)/agent(s).

**RENTAL AGREEMENT**

1. **We accept full responsibility for the care of the rental equipment ("the Equipment") and agree to pay for any damage to the equipment (other than reasonable wear and tear) and replace at full retail value any equipment not returned by the agreed date and time.**
2. We are familiar with the proper use of the Equipment. We understand that the rental staff are able to answer any question we may have as to the proper use of the Equipment.

**ASSUMPTION OF RISKS**

We are aware that cross-country skiing and snowshoeing involve risks, dangers and hazards and injuries are a common and ordinary occurrence of the sports. We understand that the cross-country ski and/or snowshoe boot / binding system is not designed or intended to release and will not release under normal circumstances. We understand that as the cross-country ski and/or snowshoe boot / binding system is a non-release system, it will not reduce the risk of injury during a fall.

**WE FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE USE OF THE EQUIPMENT.**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND IDEMNITY AGREEMENT**

In consideration of the Releases accepting my rental of the Equipment and permitting my use of the trails, nordic terrain and other facilities (hereinafter "the facilities"), and for accepting my application to participate in programs and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS that we/I have or may have in the future against THE RELEASEES TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that we/I may suffer, or that our/my next of kin may suffer as a result of or arising out of any aspect of our/my use of the Equipment or my presence on the facilities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREAK OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS' LIABILITY ACT R.S.O. 1990 c. 0.2 ON THE PART OF RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANAGERS AND HAZARDS OF CROSS-COUNTRY SKIING OR SNOWSHOEING. OR WARRANTY ON THE PART OF THE RELEASEESS in respect of the design, manufacture, selection, installation, maintenance or adjustment of the Equipment, or in respect of the provision of or the failure to provide any warnings, directions, instructions or guidance as to the use of the Equipment;)**

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# FIELD TRIP/EXCURSION INFORMATION FOR PARENT/GUARDIAN/ADULT STUDENT

To be completed by the teacher in charge and kept by the parent/guardian/adult student.

School: Doon Public School

Principal: Don oberle

School Phone: 519-748-1841

Grade/Class/Course: 5-8

Teacher(s): J. Huff C. Underwood

Destination: Shade's Mill Conservation Area / Town Bowl

Learning Expectations for the Trip: Health + Physical Education - increase student awareness of community facilities.

Departure Date: Feb 16/16

Time: 9:00am

Return Date: Feb 16/16

Time: 2:30pm

Type of Transportation: Bus

Cost of Excursion: \$20.00

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Number of Travel Agency or other Outside Organization: (if applicable): \_\_\_\_\_

Specific Activities of the Excursion: snowshoeing (AM) & Bowling (PM)

This is Identified as a Higher Risk Activity:

Yes

No

High Risk Activities are:

Canoeing

Camping

Sailing

Cycling

Swimming

Rock Climbing

Nordic Skiing

Alpine Skiing

Snowboarding

Other \_\_\_\_\_

Special Information (e.g., Clothing, materials, lunch): winter footwear / clothing.

Bring lunch to eat at Shade's Mill.

Teacher in Charge: J. Huff C. Underwood

Volunteers Needed:

yes

No

Supervision on the Excursion

Driving

Parents are reminded that to increase concussion awareness regarding prevention, management, identification and response they are encouraged to access appropriate resources provided on the Board's website:

<http://www.wrdsb.ca/>



## FIELD TRIP CONSENT FORM

Name of School: Doon Public School  
 Name of Activity: Winter Activity Day  
 Date of Activity: Feb 16/16

**This form must be read in its entirety and signed by a parent/guardian of a participating student or the participating student if the student is age 18 and over.**

### ELEMENTS OF RISK

Educational activity programs such as the one named above involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. These accidents result from the nature of the activity and can occur without any fault on either the part of the student or the School Board or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

### MEDICATION

If it will be necessary for your child to take prescription medication during the trip, the parent/guardian must complete the form Administration of Medication (IS-98-00). It must be forwarded to the Principal prior to the administration of medication. (\*If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.)

If you choose to participate, you must understand that you bear the responsibility for any accident that might occur.

The Waterloo Region District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity.

Please be advised that buses and other forms of public transportation may use video surveillance equipment. Parents and students should be aware that those attending this venue may take photographs or videos, which is beyond the control of the school or the Waterloo Region District School Board.

**NOTE:** If volunteers are required, please check if you are able to assist.

\_\_\_\_\_ I can supervise on the excursion.

**I have read and understand the information on the Field Trip/Excursion Information for Parent Form (IS-04-F-1).**

Student Name: \_\_\_\_\_

\_\_\_\_\_  
 Student Signature (if student age 18 and over)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (if student under age 18)

\_\_\_\_\_  
 Date

Document Management:  
 Home School

Retention:  
 Non OSR School File - Current Year

*Authorization for the collection of this information is the Education Act R.S.O., 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the collection of this personal information should be directed to the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board*

February 2013

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