

LMSTS GORSEBROOK CROSS COUNTRY MEET

Parental/Legal Guardian Consent For Name: _____

ATTENTION: This is a legal document. Please read carefully the contents of this consent form and clarify any concerns with the staff at the school organizing the event or the School Principal before signing each page.

It is important that this form is completed in its entirety, signed, and returned in order for your child to participate in this activity.

PRIVACY NOTICE: Ms. LeBlanc and Mr. Smith and LMST Teachers are collecting the personal information requested in this form to: obtain lawful consent for your child to participate in the activity; coordinate the activity; respond and report respecting any injury or medical condition that may arise during, or as a result of the activity; and update School records where necessary.

The information will only be accessed by authorized school staff and will be dealt with in accordance with the privacy requirements of the Nova Scotia Freedom of Information and Protection of Privacy Act.

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorized or required by law, or you have given the School permission for the information to be disclosed.

IN CONSIDERATION of LMST offering my child, _____ an opportunity to participate in a cross country meet at Gorsebrook field. I hereby give and provide my consent, and acknowledge by my signature that my child may participate.

1. **ACTIVITY DESCRIPTION:**

Wednesday Oct 11

Rain Date: Thursday Oct 12

Race Order. There are no specific start times for each race. We start at 4:00 approx then when one race is finished we start the other till done. There may be some pauses as Ms. LeBlanc and Mr. Smith will be coaching, coordinating the meet and supervising races so please be patient.

Order of the race is as follows:

- Grade 6 (2 Laps)
- Grade 3 (1 Lap-)
- Grade 4 (2 Laps)
- Grade 5 (2 Laps)

Parents are responsible for arranging transportation for their child to and from this event. Please remind your athlete to check out with their Grade level coach before leaving.

2. **ACTIVITY RISKS:**

Normal injuries that can occur by cross country running in large groups and on sidewalks: trips, falls, collisions, rolling ankles. effects of weather, existing and changing terrain, condition of track and facilities, equipment failure and malfunction unmarked obstacles, ability and fitness of students, acts of fellow participants, injury, paralysis or death, collisions with objects, other participants, due to remoteness, communication devices may not operate, due to remoteness immediate emergency medical care might not be available, separation from the group

I am aware of the usual risks and danger involved in participation in this activity, including any specified above and of the possibility of personal injury, fatal injury, property damage or loss that may result.

4. HEALTH AND MEDICAL TREATMENT:

- q My child does not have any illness, allergy, or disability that prevents his or her participation in this event
- q My child has an illness, allergy, or disability that could affect his or her participation in this event.

List illness, allergy, or disability:

6. CODE OF CONDUCT & ACTIVITY SITE RULES AND REGULATIONS:

My child and I understand that the School Code of Conduct applies during this activity. My child and I also understand that site rules and regulations are in place for this activity and my child agrees to abide by these rules and regulations. I acknowledge that I have explained to my child that any prohibited actions may result in my child not being allowed to participate or continue in the activity.

7. RISK OF ACCIDENT:

Accidents can result from the nature of this activity and can occur with or without any fault on either the part of the student, school board or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I accept the risk of an accident and agree that this activity, as described above, is suitable for my child.

8. CONTACT INFORMATION:

Should the School need to contact me during this event:

- q **Contact Number Valid for the Time of the Activity:**

- q **Alternative Contact Information:** _____

9. CONSENT

In signing this Consent, I am not relying on any oral or written representation or statement(s) made by the School Board, its servants, agents, employees, or authorized volunteers to induce me to allow my child's participation in this activity other than those contained in this Consent.

I acknowledge the Privacy Notice, above.

I am 19 years of age or older and I have carefully read the contents of this Consent Form and have clarified any concerns with the staff at the School organizing the event or the School Principal before signing each page. I understand that it is a legal document that is binding on me, my heirs, executors and administrators.

Name of Legal Guardian

Signature of Legal Guardian

Date