



**Consent of Parent or Guardian
and
“Acknowledgement of Risk” Off-Site Activity:
Jubilee Auditorium**

Student Name: _____ **Homeroom Teacher:** _____

My child will be given the opportunity to participate in the following program or activity:

Service Provider Information:

- a) Name / Address Southern Alberta Jubilee Auditorium (1415 – 14 Avenue NW)
- b) Trip Location: 1415 – 14 Avenue NW
- c) Date: December 6, 2024
- d) Teacher in Charge: Homeroom Teacher

1. The Board will make every reasonable effort to ascertain that:
 - a) The supervisors and staff of the Service Provider are fully trained and qualified.
 - b) The students who undertake the program or activities will be adequately supervised.
 - c) The location and/or facilities meet the applicable healthy and safety standards.
 - d) Any equipment made available by the Service provider or used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
 - e) The location where the activity will take place is appropriate and safe.

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

- the hazards associated with traveling by bus to and from the Jubilee.
- hazards associated with walking around the Jubilee and performing on stage.
- hazards associated with eating.

2. The following means of transportation will be provided: **Northland Transportation Ltd./CAA Bus** (High School Students)/**Staff Vehicle** (Select High School Music Students)
3. I accept this mode of transportation for this activity: Yes No
4. 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 Board to the extent that I require and am not, in any way, relying solely upon information provided by Calgary Arts Academy respecting the nature and extent of the risks and hazards associated with the program or activity.
5. 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.

6. My child has been informed that they are 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 their participation in all of the introductory sessions and meet all prerequisites prior to their participation in the activity or program.
7. In the event that my child fails to abide by the rules and regulations imposed on the student while participating in the program or activities, disciplinary action may either require that they not participate in the program or activity, or that I will be contacted to have them picked up, unless I have permitted my child to pursue alternate means of transportation as identified herein.
8. I acknowledge that it is my responsibility to advise the Board of any medical or health concerns of my child that may affect their participation in the stated program or activity.
9. I consent that the Board, through its employees, agents and officers at the school may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
10. Based on my understanding, acknowledgement, and consents as described herein, I agree that _____ (name of student) has my permission to participate in this program or activity.

Parent/Guardian/Independent Student Signature

Parent/Guardian/Independent Student Name
(please print)

Date: _____

School Consent

_____ Yes, I **do** give permission for my child to participate in the Jubilee Auditorium field trip.

_____ No, I **do not** give permission for my child to participate in the Jubilee Auditorium field trip.

Student Name

Parent/Guardian Phone number

Parent/Guardian/Independent Student Name

Parent/Guardian/Independent Student Signature

Date: _____