



Travel Release Waiver

Student Name : _____
Last First Middle

I/we, the undersigned legal guardian(s)/parent(s) of the above referenced student hereby give permission for our child to travel as outlined below. I/we understand and agree that:

1. We release Mission School District 75 and its employees, agents, directors and attorneys/solicitors from any and all liability damages or injuries incurred by my son/daughter during the entire period of travel; and
2. I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip, and of the possibility of personal injury, death, property damage or loss resulting from the activities.
3. Accidents can be the result of the nature of the travel and activities and can occur with or without any fault on either the part of the student, the school board or its employees and agents, or the facility where the activity is taking place. By allowing my son/ daughter to participate in this travel, I am accepting the risk of an accident occurring, and agree that this travel, as described below is suitable for my child.
4. In signing this Consent and Acknowledgement of Risk form, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in the consent form.
5. We acknowledge and agree that any costs or expenses due to this travel that may occur will be the sole responsibility for the family. This may include travel and wage costs for the custodian should it be required, quarantine charges and other non-program related charges should they arise.
6. We acknowledge and agree that any delays in travel due to unforeseen circumstances or related to changes in Travel by the Canadian Government are at the cost of the family.

Agreed and accepted this _____ day of _____, 20_____.

_____ Parent or Legal Guardian 1 (full name)	_____ Parent or Legal Guardian 1 (signature)
_____ Parent or Legal Guardian 2 (full name)	_____ Parent or Legal Guardian 2 (signature)
_____ Host Parent 1 (full name)	_____ Host Parent 1 (signature)
_____ Host Parent 2 (full name)	_____ Host Parent 2 (signature)

The planned itinerary while away from the School District #75 program is as follows (please complete

all information below:

- Destination (City and Country):
- Date leaving SD #75:
- Date returning to SD #75:
- Departure Airlines and Flight No (if applicable): N/A
- Return Airlines and Flight No (if applicable): N/A
- Hotel Name (If applicable):
- Address of Destination while away:

- Adult(s) responsible for our child at the destination (they will be contacted by the International Staff prior to travel if the student is not with Homestay family):

- Contact information for adults at the destination:

- Plans for quarantine while away, if necessary:

- Plans for PCR or Canadian Covid entrance tests (if applicable):

- Cell Phone/Emergency Contact Number while away from SD #75: