



(For Students aged 18 years and over)

**INFORMED WAIVER
FOR PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES**

**THIS FORM MUST BE READ AND SIGNED
BY EVERY STUDENT WHO WISHES TO PARTICIPATE**

This form is to be used for student participation in school-sanctioned activities only.
Outside agencies operating programs within Grand Erie schools are responsible for obtaining informed waiver/releases.

School Name		
Description of Activity Offered (OPHEA Guidelines must be followed)		
Start and End Dates (or attach schedule)		
Start and End Times (or attach schedule)		
Targeted Grade/Age		

Extra-curricular school programs such as that described above present various elements of risk. Accidents resulting from such activities may occur and cause injury. The risk associated with the activity **MUST** be assumed by the participants.

The Grand Erie District School Board does NOT provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in these activities. Student Accident Insurance is recommended.

ACKNOWLEDGEMENT/CONSENT:

I _____ understand and accept the above and release the Grand Erie District School Board from all liability for any injury sustained by my participation in the above event.

Student Name (print please)	
Grade/Home Room Teacher (print please)	
Student Signature (Students aged 18 years or older)	
Date:	

Should I compete in CWOSSAA and/or OFSAA events, I hereby consent to the release of my name, date of birth, gender and year of entry to the current school to OFSAA to facilitate the events.

_____	_____
Print Name	Signature of Student