



FIELD STUDIES PARENT PERMISSION

DETAILS OF THE STUDY:

School: MBSS School Phone No. 250- 870-5101

Teacher Contact: Mr. Trent Pontalti Destination: See reverse of page

Purpose of Study: Introduction to the sport of rock climbing, enhance personal efficacy, foster an appreciation for the natural world

Description of Activities/Itinerary: Students will walk/hike to a local climbing crag where they will learn to top rope climb, rappel, and belay. Students will be encouraged to participate fully within a challenge by choice atmosphere.

Inherent Risks of Participating:

See list on Reverse

Group of Students: Outdoor Ed gr. 10-12, Admin assigned students

No. of Students Max. 12 No. of Teachers/Supervisors 1

Departure Date (M/D/Y) see reverse Departure Time see reverse

Return Date (M/D/Y) see reverse Return Pickup Time see reverse

Arrival Time Back at School see reverse

TRANSPORTATION:

School District Bus Wheelchair Access City Transit Private Vehicle

Rented Vehicle Commercial Carrier Foot/Bicycle

Driven by:

District Driver Authorized Adult Teacher Commercial Driver

Authorized Student Driver (no passengers allowed)

PARENT/GUARDIAN CONSENT:

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field studies, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Consent is given for _____ (name of student) to participate and travel as described.

Name _____

Student's BC Medical # _____

Medical concerns, allergies, medication requirements _____

Signature _____ Date _____

Attachments: Yes No

CLIMBING DAY TRIP

Destination:

- Mount Boucherie Bluffs
- Skaha Bluffs
- Other: _____

Date of Trip: _____

Departure time from MBSS: _____

Pick up student at MBSS: _____

Inherent Risks Involved with Outdoor Climbing Day Trips:

- 1. Risks associated with travelling by vehicle to and from activity.**
- 2. Risks associated with vigorous physical activity.** (There will be undoubtedly be some level of discomfort with participating in a new activity. There is always the possibility of blisters, muscle pulls, cuts, and scratches.)
- 3. Risks associated with wilderness setting such as conflicts with animals, insect bites, and disruptive weather.**
- 4. Risks involved with getting lost in the wilderness.**
- 5. Risks involved with poor decision making by individuals such as leaving the group.**
- 6. Risks associated with rock climbing, belaying, and rappelling** (falling from very high heights due to human error, rock fall, equipment failure, rope burn)
- 7. Risks associated with being in proximity to other people.** (exposure to communicable bacteria and viruses such as COVID 19)

*As legal guardian of (print student's name) _____ I am aware of the above listed risks involved in this activity and approve of their participation.

_____ (parent initials)

(Parents please include any special requirements in order to participate)

Student Medical Questionnaire form completed and attached