**Form 260-3**

**division informed consent/permission form (High School)**

Foothills Composite High School (FCHS) is arranging CrossFit for the 2023/2024school year.

 (School Name) (Description of activity including dates (and times if applicable))

Transportation will be via the FCHS bus (driven by Mr. VanDerVeen or Mr. Langager). Workouts will be held at the FCHS weight room and at local weight rooms (ie. Natural High CrossFit).

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF EVERY STUDENT. THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL BY/prior to the student’s 1st CrossFit workout.**

 (Date)

## ELEMENTS OF RISK:

Educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury or risks which may result from participating in bicycle trips in Okotoks.

 (Describe activity)

1. Muscle pulls/strains/tears 2.Broken bones

3. Scratches/scrapes/bruises 4.Muscle pulls

5. General injuries related to exercise

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its’ employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in the above referenced activity, you must understand that you bear the responsibility for any injury that may occur. Foothills School Division #38 has basic student accident insurance coverage in place as described more fully in the materials that were sent home at the commencement of the school year.

# ACKNOWLEDGEMENT:

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PERMISSION:

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Students Name) (Describe Activity)

to be held on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_