



A & L ROYAL EDUCATION RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

(Curricular, Cultural, and Learning School Activities)

A&L Royal Education School (hereinafter the “School”) offers to its students, their parents and/or guardians, a number of interesting and exciting indoor and outdoor extra-curricular, cultural, and learning activities both on and off campus.

Extra-curricular activities, cultural, and learning activities are a required part of the regular school curriculum for which student attendance is mandatory. These activities are planned and intended to enhance the educational experience and development of our students. While we strive to make each of our activities as safe as possible, many of these activities will still have their own inherent dangers and risks of injury or even death that cannot be completely eliminated even when well-planned and supervised.

When a participant agrees to engage in extra-curricular, cultural, and learning school activities, it is the responsibility of the participant and, if the participant is under 18, his or her parent or guardian, to know their own physical limitations, learn safe techniques and to learn the proper use and limitations of each piece of equipment, if any, used in such activities. A participant should only agree to participate in an activity after taking the time to become familiar with it and its associated risks. If you have any questions about a particular activity, its physical demands, the use of associated equipment or the inherent risks associated with that activity, PLEASE contact an instructor, supervisor or teacher before agreeing to participate.

I, _____ (*Print name of participant OR parent/guardian if under 18*) am aware that participation in the activities offered by A&L Royal Education has inherent risks of injury and even death. Participation in these activities is mandatory and I consent to participation with the knowledge of the risks involved.

In considerations of said participation, I, individually and/or on behalf of my child, agree to assume the risks of participation, and to release and discharge A&L Royal Education and their employees, officers, directors, members, or agents from any and all claims, demands, actions, judgments, and executions for personal injuries or injuries to property caused by, or the result of participation in an activity offered by A&L Royal Education unless such injury is the result of the intentional wrongful act or gross negligence of A&L Royal Education, or their employees, officers, directors, members, or agents.

By signing below, I acknowledge that I have CAREFULLY read, understand and agree to be bound to the above. I also understand that this agreement DOES NOT affect coverage for medical expenses that would otherwise be covered by the Student’s Medical/Accident Insurance policy.

Date: _____ Signature: _____
(Participant)

Date: _____ Signature: _____
(Parent/Guardian, if under 18)



A & L ROYAL EDUCATION FIELD TRIP PERMISSION SLIP AND LIABILITY WAIVER

I (We), _____ (please print parent(s) or legal guardian(s)'s name) hereby give permission for our/my child _____ (please print name of child) to participate in any school sponsored field trip on any date during the 2020/2021 school year. I understand that the students will be accompanied by supervisor(s) from A & L Royal Education. I further understand that my child's participation in the field trip is mandatory.

Participant's Duty of Proper Conduct

I/(We) and my/our child agree that my/our child's participation in this activity may be terminated for failure to behave and act in accordance with applicable regulations on conduct and for any acts of conduct of the above participant deemed by the supervisor(s) and/or chaperone(s) to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the field trip as a whole. If the participation of the above participant is terminated, A&L Royal Education has the authority to take disciplinary action such as dismissal from the activity, suspension from future activities, or suspension or dismissal from the school.

Liability Waiver

This permission slip incorporates by reference and brings into full effect the terms of the "Release of Liability and Assumption of the Risk" agreement on file at A&L Royal Education.

SASKATCHEWAN Protection of Information and Privacy Act (PIPA):

By signing below, I consent to having the information in this document collected by A & L Royal Education, the personal information requested on this form is collected under the authority of A&L Royal Education and the PIPA Act to allow participation A&L Royal Education programs. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Saskatchewan PIPA Act.

Parent/Guardian Signature: _____ Date: _____

(If student is under 18 years of age)

Student Signature: _____ Date: _____

(If student is over 18 years of age)



A & L ROYAL EDUCATION Media Release

Name of Student	
Name of School	A & L Royal Education
School Year	

This is to certify that I give permission to photograph and/or videotape my student for use on their website, and in various school publications and printed media. I understand that all rights, title and interest in the photography for said media outlets belong to the school and that I will receive no financial compensation for the use of these pictures and/or videotape. I further understand that the school may edit, copy, alter, or revise the photographs and/or videotape for use in their media outlets and that they will retain control over the use and distribution of the photographs and/or videotape. I have read this form and I understand its meaning.

Signature of Student's Legal Guardian or Representative _____



A & L ROYAL EDUCATION Medical Consent to Treatment Form

Student's Legal Name _____ Date of Birth _____ Age _____
(Please print) (Month/Day/Year)

We, the undersigned parents or guardian of the listed student, a minor, give our permission for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instructions of any physician the school or a representative of the school may call, whether such diagnosis or treatment is rendered at the office of the physician or at a licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize A&L Royal Education or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to any appropriate insurance company, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records.

The signing of this form shall include authorization for immunizations and/or injections for prevention of diseases as required for proper medical care. This consent shall remain in continuous effect until revoked in writing. A photo copy of this authorization shall be considered as effective and valid as the original.

Father/Stepfather _____ Signature _____ Date _____

Home
Address _____

City, State, Zip (Country) _____

Phone Contact Info: Home: _____ Business/Work: _____ Cell: _____

Mother/Stepmother _____ Signature _____ Date _____

Home
Address _____

City, State, Zip (Country) _____

Phone Contact Info: Home: _____ Business/Work: _____ Cell: _____

Guardian _____ Signature _____ Date _____

Home
Address _____

City, State, Zip (Country) _____

Phone Contact Info: Home: _____ Business/Work: _____ Cell: _____

In the event of sickness or medical emergency, please give the name, address, and phone number of an individual in Canada for the school to contact if parent, stepparent, or guardian is not available:

Name _____ Relationship _____

Home Address _____

City, State, Zip (Country) _____

Phone Contact Info: Home: _____ Business/Work: _____ Cell: _____

Student Medical Information

Date of last Tetanus Booster _____ Date of last Dental Work _____

List any allergies _____

Medication Currently Taken _____ Reason _____

Name of Insurance Company _____

Insurance Company Phone Number _____ Policy Number _____



A & L ROYAL EDUCATION MEDICAL EVALUATION AND EXAMINATION OF STUDENT

2021-2022

Student's Name _____ Birthdate _____ Sex (M) (F)

Address _____

City, State, Country, Zip _____

HEALTH HISTORY TO BE COMPLETED BY PARENT (Please check applicable health history)

- | | | |
|---|---|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Frequent Sore Throat |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Epilepsy or other seizure disorder | <input type="checkbox"/> Frequent Stomach Aches |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tonsillectomy |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Allergies: (Please List) _____ | | |

MEDICATIONS: (name and dosage of any medication your child is taking)

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, speech defects, vision problems, or any other items helpful to the school in planning for the student's health: _____

IMMUNIZATION HISTORY: Insert dates in the appropriate boxes.

Tdap immunization: _____

VACCINE		DATE EACH DOSE WAS GIVEN					
		1ST	2ND	3RD	4TH	5TH	Booster
POLIO (OPV or IPV)							
DPT/ DTaP /DT/Td	(Diphtheria, tetanus and [a cellular] pertussis OR tetanus and diphtheria only)						
MMR	(Measles, mumps, and rubella)						
HEPATITIS B							
VARICELLA (Chickenpox)							
HEPATITIS A (Not required)							

Signature of Parent or Guardian _____ Date _____