



PALLISER REGIONAL SCHOOLS  
Informed Consent/Permission Form  
for Minor Tours

DETAILS OF TOUR

Nature of Tour: Vertigo Theatre \* The Da Vinci Code \*

Date: May 21, 2025 (Wednesday)

Time: Leave: 8:45 am

Destination: Calgary, AB

Return: 4:30-5:00 pm

Summary of Activities (Itinerary Attached): leave NCS, arrive in Calgary @ 11:00- Vertigo Theatre 11:30-1:45 go to Chinook Center for lunch break. Leave approx 3:00pm, return to NCS - 4:30-5:00 pm

\* Play is The Da Vinci Code \*

\* Bring money for lunch or a bagged lunch

Supervisor(s): Krista Drew, Phil Uren, Brenda MacMillan, Nancy Neufeld, Angela Campbell

Transportation Arrangements:  School Bus

Car: \_\_\_\_\_  
(Name of volunteer providing vehicle with whom child will be traveling)

Commercial Bus

Other: \_\_\_\_\_

Cost to Student: \$20.00

Contact Person: Krista Drew

Phone: 403-824-3817

ELEMENTS OF RISK

Educational activity programs such as Theatre 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 injuries which may result from participating in Vertigo Theatre (describe activity).

1. vehicular incidents
2. personal injury
- 3.

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 your/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 Theatre on May 21/25, you must understand that you bear the responsibility for any injury that may occur.

The Board of Trustees of Palliser Regional Schools has invested in IAP Student Accident Insurance, with enhanced coverage for the school year. This provides insurance coverage for all students, teachers and non-teachers on Palliser staff from the time they leave their residence to travel to school to the time they arrive at their residence (or their first destination) after school. This coverage also applies during approved and supervised school trips/activities.

### 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 \_\_\_\_\_ (name of student) permission to participate in the Vertigo Theatre (description of activity) to be held on or about May 21, 2025 (date).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date