



INFORMED CONSENT FORM FOR PARTICIPATION IN THE SCIENCES

BEAMSVILLE DISTRICT SECONDARY SCHOOL
4317 Central Avenue
Beamsville, On
L0R 1B0

Name of Science: _____

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational programs, such as the curriculum sciences 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 which may result from participating in the curriculum sciences.

1. Fire Hazard
2. Electrical Hazard
3. Biohazard
4. Chemical Hazard

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any 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.

By participating in the curriculum sciences, you must understand that you bear the responsibility for any injury that might occur.

The District School Board of Niagara does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the student participating in this activity.

ACKNOWLEDGEMENT

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

Signature of Student: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____