



# General Consent/Permission

Walter Lee Elementary, is arranging  
*Name of School*

Outdoor Education Camp for the students of Gr. 6+7  
*Description of Activity*

Div. 1, 2 and 3 on May 11-13, 2016  
*Name of Class/Group* *Date/(s)*

Accidents may occur while participating in these activities. These accidents may cause injury. Accidents can be the result of the nature of the activity and can occur without any fault on either the part of the student, or the school board or its employees or agents or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity you are accepting the risk of an accident occurring. Students have been briefed on the dangers involved and the precautions that are to be taken. A written summary of these dangers and precautions is attached for your information. If you have any questions or concerns about this activity, please contact

Ms. Pendharkar

I, \_\_\_\_\_, understand that activities of this type  
*Parent or Guardian*

expose the students participating to elements of risk.

I give \_\_\_\_\_ permission to participate in the  
*Name of Student*

Outdoor Education Camp to be held on May 11-13, 2016  
*Type of Activity* *Date/(s)*

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

\_\_\_\_\_  
*Printed Name of Parent/Guardian*

\_\_\_\_\_  
*Address of Parent/Guardian*