

ÉCOLE CATHOLIQUE CATHÉDRALE

301, rue Johnson Street

Kingston, Ontario

K7L 1Y5

Directeur/ Principal: Nienke Hoedeman

Directrice adjointe/Vice Principal: Louise Trudeau

Tel: (613) 546-7555

Télécopieur/Fax: (613) 546-0760



Monday June 3, 2019

Re: Voyageur Canoeing and Bouldering

Dear Parents and Guardians,

On Wed June 26th, we have a unique experience to 1) experience the life of a voyageur by paddling a large voyageur canoe, and 2) to learn how to indoor rock climb at the Kingston Bouldering Cooperative. We will be going to the Kingston Rowing Club and surrounding area for the day. The schedule is as follows:

825: Arrive at school
845: Walk or City Bus to Kingston Rowing Club (1 Cataraqui St)
9:15: -Welcome and prayer/greeting
930: -Group one paddles with Mike Bibby (Special Assignment Teacher for Outdoor Education) for a guided tour of the Rideau
930: -Group two walks over to the Bouldering club with Mr. Ryan van Dyl and other leaders
1130: Lunch
12:00-switch groups
145: -closing
and walk/city bus back to school

Students who have passed the Swim Test earlier in the month will be allowed to go on the paddle. The day will spent outdoors, so students need to be prepared with the following:

- Running shoes or hiking boots (no flip-flops, sandals or crocs)
- A rain coat to wear if raining
- A reusable water bottle
- Clothing to protect from the sun
- Indoor shoes to wear in the climbing gym.
- Sunscreen and hat
- A waste-free, healthy, lunch. As always, these need to be nut-free lunches.
- Students may be getting a little wet and/or dirty, so please wear suitable clothing (we will not be swimming).

Please pay the \$8.25 fee online. This is to cover the cost of climbing.

Please sign and return the permission form by Friday June 21st. If you have any questions or concerns, please feel free to get in touch with me at school.

M. Mark Kyte



Algonquin and Lakeshore Catholic District School Board

151 Dairy Avenue, Napanee, Ontario K7R 4B2 (613) 354-2255 / 1-800-581-1116 Fax: (613) 354-4772



REQUEST FOR PARENT/GUARDIAN PERMISSION – DAY EXCURSIONS

Dear Parents and Guardian:

The purpose of this form is:

- 1. To inform you of the nature of this program
- 2. To seek your support and permission for your child to participate

Staff Organizer(s): Mark Kyle Grade(s): 5/6

Date/Time of Departure from School: Wed June 26th @ 8:45 am

Date/Time of Return to School: Wed June 26th @ 2:30 pm

Destination: Kingston Bouldering Club / Kingston Rowing Club Method of Travel: City Bus.

Physical Description of the Area to be Visited: River, climbing gym, field.

Activities to be Undertaken: Voyageur canoeing + climbing

Educational Purpose: Physical Education.

Total Cost per student: \$8.25

Prior to the school trip, there will be classroom time devoted to establishing safety procedures.

ELEMENTS OF RISK

Educational activity programs, such as sporting events, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participants **MUST** assume these risks. *The Algonquin and Lakeshore Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.*

X -----
ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS

Parent/Guardian Signature: _____ Student Signature: _____

Staff Organizer Signature: _____ Principal Signature: [Signature]
If over 18 years old

PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION

I give I do not give _____ permission to participate in
(Name of Student)

_____ to be held at: _____
(name of venue)

Parent/Guardian Signature: _____ Date: _____

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

TO: Kingston Bouldering Co-operative Inc. ("the Company") and its directors, officers, employees, representatives and agents (collectively called "the Agents").

I, _____ hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by "the Company" and/or "the Agents" including, but not limited to: Indoor Wall Climbing; Bouldering; Physical Training; Exercise; Facility Upkeep (collectively referred to as "the Activities") and in further consideration of "the Company" allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement ("the Agreement").
2. I acknowledge that "the Activities" involve **inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in "the Activities" and **accept same entirely at my own risk.**
4. I hereby **waive any and all claims** which I may have against "the Company" and "the Agents" and release "the Company" and "the Agents" from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in "the Activities", **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by "the Company" and/the "the Agents".
5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "the Company", even though "the Agents" are not formal parties to "the Agreement".

I AM 16 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND "THE AGREEMENT". I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY" AND/OR "THE AGENTS" AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND / OR GUARDIAN OF THE PARTICIPANT I HAVE READ AND UNDERSTAND AND EXECUTE "THE AGREEMENT" ON BEHALF OF CHILD / WARD.

WITNESS

SIGNATURE PARTICIPANT or PARENT / GUARDIAN

DATE

PRINT NAME

PRINT NAME OF CHILD / WARD

EMERGENCY CONTACT (NAME & PHONE NUMBER)