

## INFORMED CONSENT & RELEASE OF LIABILITY

Ontario Universities Fair 2010  
Metro Toronto Convention Center  
Friday, September 24, 2010



THIS FORM MUST BE READ AND SIGNED BY EVERY PARENT OR GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OLD. **PLEASE RETURN BY WEDNESDAY, SEPTEMBER 22, 2010**

I give permission for \_\_\_\_\_ (student's name) to participate in the Grade 11 and Grade 12 **mandatory** excursion to the Ontario Universities Fair at the Metro Toronto Convention Center on Friday, September 24, 2010. The purpose of this excursion is for the students to gather information to assist them in making choices for their post-secondary education.

Students will meet in the cafeteria at Toronto Prep School at 9:30 AM and travel by T.T.C. to the Convention Center. The trip supervisors will be Mr. S. Tsimikalis, Ms. M. Tsimikalis, Mr. P. Tsimikalis, Mr. E. Oest & Mr. M. Pizzuto.

There will be no cost to the students for this excursion however, students must bring money for their T.T.C. fare. Students may also pack a lunch or bring money to purchase lunch at the Convention Center.

Please check one:

- ☐ My son/daughter will return with the supervisors by T.T.C. to Toronto Prep for dismissal at approximately 3:30 PM.  
☐ My son/daughter has my permission to be excused from the Metro Toronto Convention Centre at 2:30 PM.

Participant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Work #: ( ) \_\_\_\_\_ Parent's Cell #: ( ) \_\_\_\_\_  
Month Day Year

Emergency Contact Name & Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Participant's Ontario Health Card # \_\_\_\_\_ (Version code)

If you choose to allow your child to participate in this excursion you must understand that you bear the responsibility for any injury that might occur. The Toronto Prep School does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

In the event of injury I agree that school officials may authorize necessary emergency treatment for my child. I agree to bear the costs of all medical care and procedure that may be required by my child. I am not withholding any medical information that could endanger my child's health while participating in this excursion.

### ACKNOWLEDGEMENT

I HAVE READ THE ABOVE AND UNDERSTAND THAT IN ALLOWING MY SON/DAUGHTER TO PARTICIPATE IN THE EXCURSION DESCRIBED ABOVE, I AM ASSUMING ALL RISKS ASSOCIATED WITH DOING SO.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

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

\_\_\_\_\_  
Print name of Parent/ Legal Guardian