

**INFORMED CONSENT & RELEASE OF LIABILITY**  
**Ontario Universities Fair 2014**  
**Metro Toronto Convention Center**  
**Friday, September 19, 2014**



THIS FORM MUST BE READ AND SIGNED BY EVERY PARENT OR GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OLD. **PLEASE RETURN TO THE GUIDANCE OFFICE BY WEDNESDAY, SEPTEMBER 17, 2014.**

I give permission for \_\_\_\_\_ (student's name) to participate in the Grade 11 and Grade 12 excursion to the Ontario Universities Fair at the Metro Toronto Convention Center on Friday, September 19, 2014. The purpose of this excursion is for the students to gather information to assist them in making choices for their post-secondary education.

All students will attend their Period 1 class. The group will be called to the cafeteria at 11:30 AM and travel by T.T.C. to the Convention Center. Our principal, Mr. S. Tsimikalis and Guidance Counsellor, Ms. Maria Tsimikalis along with three members of our staff will be supervising this excursion.

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 note **ALL** students will be **excused from the Metro Toronto Convention Center** at 2:30 PM and will be responsible for their own transportation home.

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.

**I/we have carefully read this Consent and Release of Liability Waiver and understand the terms and conditions of it and agree to be bound thereby** *Student's Name* \_\_\_\_\_ **has my permission to participate in all aspects of the excursion as outlined above.**

**BOTH PARENT & STUDENT MUST SIGN – NOT VALID WITHOUT BOTH SIGNATURES**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print name of Student

Parent's Work #: (     ) \_\_\_\_\_ Parent's Cell #(     ) \_\_\_\_\_

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

Student's Health Card #: \_\_\_\_\_