Medicine Hat Public School Division
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VOLUNTEER ACKNOWLEDGEMENT OF RISK AND CONSENT FORM

(To be completed by **Teacher-Leader** and **Volunteer**)

Volunteers, thank you for supporting our students in their educational experiences. Please carefully read the contents of this consent form, clarify any concerns with the teacher-leader/principal before signing.

Volunteer Name		**Phone Number**	
Email Address			
Emergency Contact Name		**Emergency Contact Phone Number**	
Relationship to Emergency Contact			
Do you have an identified medical condition, allergy, accessibility needs or dietary restrictions or other information that may affect your ability to participate safely as a volunteer?	Yes ☐ Explain:		No ☐

TEACHER-LEADER SECTION (To be filled by teacher-leader)

You will be participating and a supervisor in an off-site activity. The details of the activity include:

School:

Purpose/
Educational Goal:

Destination:

Date(s):

Teacher-Leader in charge:

Number of Student Participants:

Transportation Plans:

Detailed itinerary and activities involved, include any potential contingency plan:
Detailed description of inherent risks or known hazards:
Costs (if any & for what):

SUPERVISION SECTION (to be filled out by Teacher-Leader)

To ensure complete safety of our students, the following requirements for volunteers are in effect:

- All volunteers must submit and be approved under the Volunteer Registration Form 720 E 008
- A valid Police Record Check and Intervention Check must be submitted by
    - volunteer coaches, or
    - volunteers who are chaperoning an overnight trip, or
    - transporting students in a vehicle (which would require an Automobile Driver Authorization 720 E 012), or
    - supervising a group of students outside the line of sight of a staff supervisor.

Supervisor Roles/Expectations:

Safety precautions/controls (e.g. wearing helmet on skating rink, buddy system, supervisors with first aid training, mandatory lessons for snowboarding):

In the event of an injury or illness, a typical emergency response to be followed by supervisory staff may include the following:

- **Assessment of the situation and provision of first aid as necessary**
- **Decision to involve emergency response teams (paramedics, etc)**
- **Contact with parent/guardian/emergency contact (when possible)**
- **Decision to proceed with emergency assistance and necessary medical treatment**

Parents/Guardians, school administration and Division will be notified of any emergencies by phone.

Teacher Signature:_____

OFF-SITE ACTIVITY VOLUNTEER ACCEPTANCE, CONSENT & ACKNOWLEDGEMENTS

Confidentiality and Privacy

I understand that, while volunteering, I may become aware of confidential, personal, medical, educational, behavioural, disciplinary, family, or other private information about students, staff, families, or other individuals. **I agree to keep all such information confidential and to use it only as necessary to fulfill my assigned volunteer duties. I will not share, discuss, post, record, photograph, or otherwise disclose private information, student information, personal observations, or incident details with anyone other than the teacher-leader or another authorized school division representative. This obligation continues after the outing or activity has ended. This includes the information disclosed in this document.**

Costs, Fees, Equipment, and Personal Property

I understand that I am responsible for any volunteer costs or expenses identified in advance, unless the school or school division has expressly agreed otherwise in writing. These may include transportation, admission, meals, accommodation, personal equipment, clothing, supplies, or other expenses connected to the outing or activity. **I agree to pay any costs or fees as required by volunteers and agree to use any school division, school, service provider, or facility equipment only as directed and to return borrowed equipment in the condition in which it was provided, except for normal wear from approved use. I understand that the school division is not responsible for loss of, damage to, or theft of my personal property, except as may be required by law.**

Changes to Itinerary or Cancellation of Off-site Activity

I understand that the off-site activity will follow the description of the activity set out above as closely as possible. I also understand that contingencies can arise that necessitate sudden changes to activities and destinations. I also understand that the Superintendent of Schools has full authority to cancel or modify any off-site activity without notice for any reason the Superintendent deems appropriate. I also understand that such cancellation may mean that some or all of the money I have paid for the off-site activity might not be refundable. If the School Division receives a refund, they will endeavor to pass this on to the participants. **I agree that I am responsible for any additional costs for volunteers that may accompany a change in itinerary, unless the school or school division has expressly agreed otherwise in writing. I also agree the Superintendent of Schools has such authority and that the School Division will not reimburse me for any money I have lost as a result of such cancellation.**

Authority, Transportation and Supervision

I understand that the teacher-leader is in charge and that I must follow their direction. Depending on the activity, volunteers may use the same transportation, may be asked to drive, or may meet the participants at the site of the activity. **I agree that volunteers are part of the supervision structure but do not replace the authority of school division staff. I will follow the supervision plan, maintain appropriate boundaries, avoid being alone with a student unless directed by staff in an emergency or approved supervision arrangement, and will consult with the teacher-leader when unsure of how to proceed. I also agree that transportation arrangements must be approved by the school and that I may not transport students or change transportation plans unless specifically authorized in accordance with school division procedures. If I am approved to drive, I understand that additional driver authorization, proof of insurance and vehicle documentation is required.**

Illness and Injury

I understand that illness and injury sometimes occur on off-site activities. **In the event of illness, injury, accident, or medical emergency, I authorize school division staff, activity leaders, service providers, or emergency responders to arrange or obtain medical assistance, emergency transportation, first aid, or other care considered necessary for my health and safety. I agree that I am responsible for any costs associated with medical care, ambulance services, emergency transportation, medication, treatment, or other services provided to me unless otherwise covered by applicable insurance or school division procedures.**

Media, Photography, and Technology Consent

I understand that audio recordings, photos or videos of participants in an off-site activity that is open to the general public may be taken by participants, others, or the media, and that Medicine Hat Public School Division cannot control or prevent the further distribution of such media. **I agree I will not hold the School Division accountable for the collection, use or distribution of such media. I further understand and acknowledge, in the absence of my consent, the School Division may**

capture and use my image, voice or likeness for purposes related where such collection or use is not reasonably avoidable, or permitted by law.

In regard to the School Division's collection of media and photography, my consent for this outing is:

☐ I consent to the school division collecting (e.g. photographing, recording), my image, voice, name, or likeness during this outing or activity, and I consent to the school division using such material for purposes related to reporting on such activities including in school newsletters, websites, social media, displays, reports, or other school division communications.

☐ I do not consent to the School Division foregoing.

I agree that I must not photograph, video record, audio record, livestream, post, tag, identify, or share images or information about students, staff, volunteers, families, incidents, or outing details unless expressly authorized by the teacher-leader. Where such authorization is given, I agree to photograph, video record, livestream, post, tag, identify, or share images only in a manner which is compliant with the *Education Act* and which is consistent with school division procedures.

Inherent Risks and Hazards

I understand that school-sponsored outings and activities may involve inherent risks and hazards. These risks/hazards may exist on both low-risk outings and higher-care outings and may arise from the nature of the activity, the setting, transportation, weather, equipment, supervision demands, or the actions of other participants or members of the public. **I acknowledge that the listed activity includes inherent risks or hazards that have the potential for bodily injury and illness and accept these risks as a volunteer.**

By signing this form, I acknowledge and agree with the bolded statements above, as well as that:

- **I have been informed of the general nature of the outing/activity, including the destination, purpose, expected duties, transportation arrangements, and any known inherent risks or hazards.**
- **I have had the opportunity to ask questions and to request additional information before agreeing to volunteer.**
- **I will voluntarily participate as a volunteer for the outing or activity described above.**
- **I will follow all directions, expectations, safety procedures, rules, and regulations communicated by the school division, school staff, activity leader, service provider, transportation provider, or facility operator.**
- **I will remain within the scope of my assigned volunteer role and will not independently change plans, transportation arrangements, supervision, activity expectations without approval from the teacher-leader.**
- **I will model respectful, responsible, and appropriate conduct at all times and will support the school's expectations for student behaviour and safety.**
- **I will immediately report any safety concern, student concern, incident, injury, illness, missing students, misconduct, or suspected breach of expectations to the teacher-leader.**
- **I understand that my participation as a volunteer may be limited, changed, or ended by the school or school division if necessary for student safety, operational needs, or compliance with school division expectations.**

Date:		Volunteer's Name:		Signature:	

Please Print

Protection of Privacy *– Personal information provided on this form is collected under the authority of the* ***Protection of Privacy Act (Alberta)*** *and applicable education legislation. Information collected, including contact, emergency contact, and voluntarily disclosed medical information, will be used for volunteer administration, activity planning, supervision, emergency response, safety management, risk management, incident investigation, insurance administration, and compliance with School Division policies and procedures. Personal information may be disclosed, where authorized by law, to School Division staff, emergency responders, medical personnel, transportation providers, insurers, insurance adjusters, legal counsel, service providers, or others involved in responding to or managing an incident, insurance claim, or legal matter. Information may be transmitted to and stored on servers located outside Alberta or Canada and may be subject to the laws of those jurisdictions. The School Division may use automated systems in processing this information. For questions regarding the collection, use, disclosure, or protection of personal information contact* ***privacy@mhpsd.ca*** *or* ***403-528-6700****.*

For Office Use Only: This signed consent form must be retained for 2 years after the school year is completed, according to the MHPSD Document Retention Schedule.