



OCDSB 649 Field Trip Volunteer Acknowledgements and Disclaimer Waiver

Name of Trip:		
Section A: Volunteer Duty/Activity		
I, the undersigned hereby acknowledge and agree that I will be performing the following volunteer duties and/or activities:		
Section B: location		
Name of School:		
Section C: Dates of Activity		
Date:	Rain Date:	
Section D: Types of Volunteers		
Please read and confirm:		
I am a volunteer and I will be participating in an assisting capacity on this trip to under the direction of OCDSB staff.		
I understand that a police check may be required in order for me to accompany students on this trip. I already have a valid police check and will provide it to the principal and/or Lead Trip Supervisor upon request. Yes No		
I am willing to obtain a police check Yes No		
Volunteer Confirmation (Signature)		
Section E: Acknowledgement of Element of Risk.		
I understand that participating as a volunteer presents various elements of risk. Accidents resulting from such activities may occur and cause injury. These risk(s) must be assumed by the volunteer. As a volunteer I understand that I am not an employee of the Ottawa-Carleton District School Board and am not covered by the Workplace Safety & Insurance Act in the event of accidental injury or disease. I understand that the Ottawa-Carleton District School Board does not carry medical insurance for volunteers and that any medical expenses incurred by me due to an accident would be my responsibility. I hereby, on behalf of myself, my heirs, executors, administrators and assigned demise, release and forever discharge the Ottawa-Carleton District School Board, its successors and assigns, of and from all manner of actions, causes of actions, suits, debts, dues, accounts, bonds, covenants, contracts and demands whatsoever which against the Ottawa-Carleton District School Board I may press or commence arising out of and caused from the use of such volunteer duties and activities as described above or the demonstration of the same.		
DATED AT _____, ONTARIO, THIS _____ DAY OF _____, 20____		
Signature of Volunteer:		
Print Name:		
Address:		
Telephone:	Cell:	Home:
Signature Of Principal: <i>Tracy Swarr</i>		