

Student Name _____

International Student Program

Middle

10640 McDonald Park Road, North Saanich, B.C. Canada V8L 5S7 T +1 (250) 655-2720 **studyinsaanich.ca**

Travel Outside of Canada: Release Waiver (PARENT/GUARDIAN FORM)

First

permission for our child to travel outsid an extraordinary situation, we release the school district and its employees from a l/we also understand and agree that upon the wealth of the weight of the	e of Canada as outline School District 63 my responsibility for on leaving Canada and ghter has additional dits employees, age injuries incurred by rathess School Districts from any and all classes.	ne above referenced student hereby give ned below. As a result, and knowing this is Saanich International Student Program, the the safety or welfare of our son/daughter. d the School District 63 program: travel health insurance coverage; nts, directors and attorneys/solicitors from my son/daughter during the entire period of t 63, its employees, agents, directors, aims, expenses and attorney fees arising in ghter during the entire period of this travel.	
Agreed and accepted this day of, 20			
Parent or Legal Guardian 1 (full name)		Parent or Legal Guardian 1 (signature)	
Parent or Legal Guardian 2 (full name)		Parent or Legal Guardian 2 (signature)	
In the case of our son/daughter, the pl program is as follows:	anned itinerary for t	ravel outside of Canada from School District 63	_
Destination:	Adult(s) responsible child at the destinat		
Date leaving:	Flight(s):		
Date returning:	Flight(s):		
Hotel:	Address:	Contact information:	
		contact anotherion.	
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