

Witness Printed Name

Parkview Adventist Academy Travel Assumption of Risk Form

ealth Care Number:	Province:	
lease read the following and initial appropriate boxes, then sign at the bottom of the page.		
with the full understand Student Accident Policy risks. I am aware that the Academy, regardless of assume all such risks, de property loss resulting risks of travel. If I feel to	ipate in Parkview Adventist Academy activities that ding that the only insurance coverage provided by to which has limited amounts of compensation and dhere are serious dangers and risks inherent in travelethe mode of transportation or destination. I freely angers and hazards, including risk of personal injurity from any cause whatsoever, including but not limit that I require additional insurance, I will make all new cost and based on my own personal needs as I destructed.	the Academy is the loes not cover all el to and from the accept and fully ry, death, or led to the inherent ecessary
	000 accident insurance policy is carried by the school at PAA. If parents/guardians feel that this is not s	
purchase additional instruction responsibility to ensure trip is outside of Canad personal property and	surance. (E.g. sports trips, mission trips). I further that I am or that my child is covered by medical trans. I also understand that the Academy does not provitis therefore my responsibility to obtain insurance tudent's personal property insurance may cover personal person	understand that it is my avel insurance for any time avide insurance for student's ecoverage for my personal
purchase additional incresponsibility to ensure trip is outside of Canad personal property and property. (Dormitory statements of Traveling.) With respect to travel, and their respective emharm or injury, with the compensation from the arising from my participation.	surance. (E.g. sports trips, mission trips). I further that I am or that my child is covered by medical trans. I also understand that the Academy does not provitis therefore my responsibility to obtain insurance	understand that it is my avel insurance for any time a vide insurance for student's e coverage for my personal rsonal effects when niversity s for any personal amages or c claim whatsoever of travel, related to
purchase additional instresponsibility to ensure trip is outside of Canad personal property and property. (Dormitory startaneling.) With respect to travel, and their respective emharm or injury, with the compensation from the arising from my particity myself (or my child), or	surance. (E.g. sports trips, mission trips). I further that I am or that my child is covered by medical transaction. I also understand that the Academy does not provide it is therefore my responsibility to obtain insurance tudent's personal property insurance may cover personal property insurance	understand that it is my avel insurance for any time a vide insurance for student's e coverage for my personal rsonal effects when niversity s for any personal amages or c claim whatsoever of travel, related to
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Witness Signature

Date