



# Parkview Adventist Academy

## Travel Assumption of Risk Form

Student Legal Name: \_\_\_\_\_

Health Care Number: \_\_\_\_\_ Province: \_\_\_\_\_

**Please read the following and initial appropriate boxes, then sign at the bottom of the page.**

It is my desire to participate in Parkview Adventist Academy activities that involve traveling, with the full understanding that the only insurance coverage provided by the Academy is the Student Accident Policy which has limited amounts of compensation and does not cover all risks. I am aware that there are serious dangers and risks inherent in travel to and from the Academy, regardless of the mode of transportation or destination. I freely accept and fully assume all such risks, dangers and hazards, including risk of personal injury, death, or property loss resulting from any cause whatsoever, including but not limited to the inherent risks of travel. If I feel that I require additional insurance, I will make all necessary arrangements at my own cost and based on my own personal needs as I decide those needs to be relevant.

A supplementary \$50,000 accident insurance policy is carried by the school. This covers each student during their enrolment at PAA. If parents/guardians feel that this is not sufficient they will need to purchase additional insurance. (E.g. sports trips, mission trips). I further understand that it is my responsibility to ensure that I am or that my child is covered by medical travel insurance for any time a trip is outside of Canada. I also understand that the Academy does not provide insurance for student's personal property and it is therefore my responsibility to obtain insurance coverage for my personal property. (Dormitory student's personal property insurance may cover personal effects when Traveling.)

With respect to travel, I hold Parkview Adventist Academy and Burman University and their respective employees, volunteers, directors and officers harmless for any personal harm or injury, with the full understanding that I will not seek or expect damages or compensation from the Academy or the University for any loss, damage or claim whatsoever arising from my participation. All costs pertaining to travel, or arising out of travel, related to myself (or my child), or to any harm or injury to myself (or my child), are my sole responsibility.

**I/we have read and understand this entire agreement.**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Printed Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Printed Name*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*