



HOLY SPIRIT CATHOLIC SCHOOLS
Supervisor/Volunteer Supplementary Consent Form
For Out of Province or International Field Trips

Reference: Administrative Procedure 349 – Field Trips

PART C.1

Name of School

Date of Field Trip

Destination of Field Trip

In recent years, the threat of global terrorism has remained a possibility within this world. Since September 11, 2001, our insurers have indicated that the Holy Spirit Roman Catholic Separate Regional Division No.4's insurance policies will not cover the cost of addressing circumstances arising out of a terrorist attack, should those circumstances affect any participants engaging in an out-of-province or international field trip.

Consequently, as a condition of your role as supervisor in an out-of-province or international field trip, it will be necessary for you to complete the following consent form and agree to its terms.

I _____ am aware of the previously stated limitation that the Holy Spirit Roman Catholic Separate Regional Division No.4's insurance policy places upon this field trip. I am equally aware that as a result of an act of terror affecting this field trip, I will not be able to access insurance dollars through a request for the school division's insurance coverage.

Accordingly, I am supervising on this field trip, despite my knowledge of these limitations in coverage and legal recourse.

Supervisor's Name (please print)

Supervisor's Signature

Date: _____