



---

# PARENT/GUARDIAN ACKNOWLEDGEMENT OF RISK & CONSENT FORM

## Program Details

**Program Name:** Aviation Career Exploration (ACE)

**Organisation:** Elevate Aviation

**Dates & Times:** \_\_\_\_\_

**Location(s):** \_\_\_\_\_

**Program Description:** ACE is an immersive aviation field trip that takes students inside the airport environment to experience the world of aviation up close. Through hands-on activities and direct connections with industry professionals, students discover the exciting careers that keep our skies moving.



## Acknowledgement of Risk

I, the undersigned parent/guardian of the child named below, understand and acknowledge that participation in the Aviation Career Exploration Program involves exposure to certain hazards and risks. These may include, but are not limited to:

- Movement around airport environments that may have hazards such as uneven ground, moving equipment or machinery, trip/slip surfaces, exposure to elevated noise;
- movement in and around airport environments
- use of stairs;
- use of training equipment and related tools;
- transportation to/from program venues;
- Possibility of physical injury, property damage, bodily harm or other loss resulting from inherent risks of the aviation environment or as a consequence of participant actions.



I understand that whilst Elevate Aviation, its staff and all industry partners will take reasonable steps to manage and mitigate risk (including supervision, safe work/training protocols, adherence to Transport Canada and other regulatory frameworks), it is impossible to eliminate all risks. I accept that my child's participation is voluntary and that they must follow all instructions, safety protocols, and directions provided by Elevate Aviation's staff, instructors and industry partner organisations.

### **Consent for Participation**

By signing below, I grant permission for my child to participate in the Aviation Career Exploration Program. I confirm that my child is physically capable of participating in the program, and I have notified Elevate Aviation of any medical or behavioural conditions that may affect safe participation. I agree to bring any required medications, equipment or support information to the attention of program staff.



## **Emergencies & Medical Care**

In case of emergency, I grant permission to Elevate Aviation and its staff/agents to seek medical attention for my child and to arrange transportation to a medical facility if required. I agree to be responsible for any medical costs incurred.

## **Photograph/Media Release**

I, \_\_\_\_\_

consent

do not consent

to my child being photographed, audio-recorded or filmed during the ACE Program for promotional, educational or reporting purposes of Elevate Aviation.

## **ALBERTA DUTY-OF-CARE STATEMENT**

This program will be delivered in compliance with British Columbia's applicable safety and supervision expectations for minors in educational and training environments.



## Acknowledgement & Signature

Parent/Guardian Name:

\_\_\_\_\_

Child's Name:

\_\_\_\_\_

Child's Date of Birth:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone (home/cell):

\_\_\_\_\_

Email:

\_\_\_\_\_

## Emergency Contact (other than parent):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature:

\_\_\_\_\_

### Important notice

This form does not relieve Elevate Aviation, its staff, volunteers or partner organizations from their legal duty of care. It does not constitute a waiver of liability for negligence. It serves to inform you of the risks and obtain your consent for participation.

*Elevate Aviation is a registered Canadian charity supporting learning pathways in aviation.*