

Maple Hill Montessori

Re: Permission Form For Use of Am Shalom Elevator (Applicable for Huronia Rd. Students)

Dear Parent(s),

We have recently renovated the upstairs of Am Shalom to allow our toddlers and infants to have a separate space for their program. By doing this we have distanced our Casa and Toddler program.

Throughout the school year, activities, events and learning opportunities will take place together either on the main floor of the building or the bottom floor. The following form grants permission for your child to travel in the Am Shalom elevator which will involve the transportation with an instructor and other classmates. The elevator has enough space to hold a group of children and one instructor. The elevator is manual and must be activated by an instructor in order to work. The latch on the elevator will not open by a child therefore is child proof.

However, we must notify you of this activity and that it involves certain elements of risk.

Accidents may occur while participating in these activities. These accidents may cause injury.

Without limiting the generality of the foregoing, a few examples of the type of accident which one is at risk of having occur while being transported are:

1. Tripping while entering and exiting the elevator
2. twisted, sprained or broken limb while inside the elevator
3. falls resulting in abrasive cuts or wounds

These accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chances of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you agree to allow your child to participate in the use of the elevator throughout the school year, you must understand that you will bear the responsibility for any accident that might occur.

Maple Hill Montessori School does acknowledge

ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE AND ACCEPT THE RISKS IN THESE ACTIVITIES AND ASSUME RESPONSIBILITY FOR MY OWN PERSONAL HEALTH, MEDICAL, DENTAL, AND ACCIDENT INSURANCE COVERAGES.

NAME OF STUDENT _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PERMISSION

I give my child _____ permission to participate in the use of the school elevator of Am Shalom.

Signature of Parent/Guardian _____

Date: _____