PARENTAL PERMISSION AND RELEASE OF LIABILITY FOR JOB SHADOW

We, as the parent(s) and guardian(s), give permission for _____ to participate in a job shadow at _____ on _____.

In case of medical emergency contact:

Parent/Guardian:_____ Day Phone:_____

Other Emergency Contact:_____ Relationship:_____

Doctor's Name:_____ Phone:_____

We realize this job shadow is part of a Columbia County Board of Education student class project and we have reviewed the job shadow program guidelines with our student. We understand the purpose of the program is to provide students an on-site opportunity to experience a prospective occupational setting, to learn from working professionals the qualifying factors to enter, progress, and derive satisfaction from their prospective career.

The student is responsible for transportation to and from the work site.

The signing of this permission slip releases the job site and all employees from any claims made by the student or on behalf of the student should injury or loss of property occur as a result of his/her participation.

The undersigned releases the **Columbia County Board of Commissioners** staff and affiliations, all of their officers, employees, and agents and agrees not to sue them in conjunction with any claims, causes of action, injuries, damage, or cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the negligence or other fault of the parties being released.

We acknowledge that we have read this **Permission and Release** form and fully understand its contents and the consequences of signing this form.

_____ _____

Parent/Guardian Signature Date

_____ _____

Witness Signature Date