



(Student Name) _____ has my permission to participate in Transition Partnership Program (TPP) and/or Workability I (WAI) related activities. These activities could include, but are not limited to, trips to the following locations and transportation may be provided by TPP staff in a district or personal vehicle.

- Department of Rehabilitation
- Social Security Office
- Shopping
- Old Town Eureka
- CA Conservation Corps
- The Job Market
- Department of Motor Vehicles
- College of the Redwoods
- Work-Based Learning Experience
- Workplace Tours
- Interviews

Date(s) of activities: _____

I fully understand that participation in the above activities, by their very nature, pose some inherent risk of a participant being seriously injured. These injuries could include but not limited to:

1. Sprains/strains
2. Fractured bones
3. Cuts/abrasions
4. Unconsciousness
5. Paralysis
6. Disfigurement
7. Head injuries
8. Loss of eyesight
9. Death
10. Cardiac/Respiratory Issue

I understand that in the midst of a pandemic due to the novel coronavirus and the disease COVID-19, that any student who participates in this activity assumes the risk of exposure to the virus or contracting COVID-19, which may cause hospitalization or even death, or lead to others with whom we are in contact to be exposed to the virus if it is contracted by one of us. I understand that people may be in attendance who have the coronavirus and may be asymptomatic, and that exposure to such people can transmit the virus.

Knowing all of this, I, a parent/guardian/caretaker of Student, and on behalf of Student and his/her family, agree to release to Humboldt County Office of Education and _____ School District, its past and present officials, employees, trustees, successors, predecessors, assigns, agents, attorneys, consultants, affiliates and representatives from any and all injury claims, obligations, actions, judgments, damages, liabilities, demands, complaints, and causes of action relating to Student's attendance at this activity and any illness or harm sustained as a result of Student's participation in this activity.

I further agree to indemnify, defend, and hold Humboldt County Office of Education and _____ School District harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, which are brought by a guardian ad litem on behalf of the Student which arose out of Student's participation in this activity and to reimburse Humboldt County Office of Education and/or _____ School District for any such expenses incurred.

All participants in this activity should understand that the participation is voluntary and is not required by the school district.

The undersigned has read and hereby agrees to hold Humboldt County Office of Education and _____ School District, its employees, agents, volunteers and/or sponsors, and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of the facilities, equipment and participation by (Student Name) _____ in the above named activity.

List any medical conditions, allergies or other limiting factors:

Health Insurance/MEDI-CAL per Education Code 32220-32224: _____

Plan name and number: _____

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgement of the attending physicians or dentists. I acknowledge that I have carefully read this Voluntary Activity Form and that I understand and agree to its terms.

Parent/legal guardian (if under 18)

Date

Student signature

Date