



Parent Permission Waiver for Student Participation in an Activity Being Transported in a Non-District Vehicle by Non-District Person

JPA-21(B)

Release of Liability and Indemnity Agreement

I, the undersigned, parent or guardian of _____, a student, hereby agree to allow such student to participate in _____ during the _____ school year. I understand that the above activity will occur during normal class period or may occur outside of the normal school hours. I understand that the District **does not** transport or provide transportation for students to and/or from this activity. I understand that it is my responsibility to make the necessary arrangement for my student to be transported to and/or from this activity.

I understand and hereby agree that it is my choice for how my student is to be transported to and from these specified activities. I fully understand that the District is in no way responsible, nor does the District assume liability, for any injuries or losses resulting from this non-district sponsored transportation. I understand that I may choose to allow my child to drive him/herself, be transported by another student or adult; or make other arrangements for my student to be transported.

I understand that any driver of my student is not a district person and is not as an agent of or on behalf of the District. For and in consideration of permitting the student named above to be transported home in non-district vehicle driven by a non-district person, I hereby as the undersigned voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to the student arising as a result of the student being transported by a non-district vehicle driven by a non-district person.

I agree to defend HCOE/ _____ School District, its officers, agents, employees and volunteers against any claim or lawsuit for injury, loss, or damage arising from or in any way connected with such student's participation in this activity, including transportation.

I have carefully read this agreement and fully understand its contents. I am aware that this is a Release of Liability and Indemnity, and it is a legally binding contract between HCOE/ _____ School District and me, and I sign it of my own free will. I fully recognized and understand that this is not a school-required activity and that participation is not required.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Address: _____

Media Release Form

Dear Student/Parent/Guardian or Participant:

On occasion, representatives for the media or the Humboldt County Office of Education ("HCOE") wish to photograph, videotape, record, and/or interview students in connection with school programs or events. Educating the public is one of our objectives. The entire community benefits from knowing about the needs and abilities of our students and about the programs we offer to children and families.

In order to allow use of photos, video footage, recordings or interviews related to you or your student, for example, on HCOE's website, or by others authorized by HCOE, we need written permission. Please complete the form below to indicate whether or not you wish to give permission.

Consent & Release Authorization

In consideration of my interest in furthering the educational purposes of HCOE, I hereby grant permission for HCOE and those acting under its permission to copyright, use, publish, display, produce, duplicate, sell and distribute the photographic, video, and sound recordings of (my child's) (my) likeness, voice and activities for educational purposes in any manner or media event delivery format. I further grant permission to HCOE to use segments or portions of the above production for announcements, informational film clips, or other uses necessary to provide information or advertisement for the production or event.

I hereby release, discharge, and agree to hold harmless HCOE and those acting under its permission from any claim of compensation or liability, to the extent permitted by law, related to the use of (my child's) (my) likeness, voice or activities for preparation, distribution, and use of the production, as described above.

1. Participant's Name: _____ (please print participant's name)
2. ☐ I _____ (please print your name), am the parent /guardian of Student; or
☐ I am the Participant, and I am 18 years of age or older.
3. ☐ **I give permission** for Participant to be photographed, videotaped, and/or interviewed by HCOE or anyone authorized by HCOE for the purpose of providing the public with information about HCOE's educational programs and authorize the use and reproduction of any resulting photograph, videotape, and/or interview by HCOE or anyone authorized by HCOE without compensation for the same purpose.
☐ **I do not give permission** for Participant to be photographed, videotaped, and/or interviewed by HCOE or anyone authorized by HCOE for the purpose of providing the public with information about HCOE's educational programs and do not authorize the use and reproduction of any resulting photograph, videotape, and/or interview by HCOE or anyone authorized by HCOE for the same purpose.

Signature: _____ Date: _____

Official Use Only

Event/Purpose:

Description:



(Participant Name) _____

I fully understand the following:

(Activity) _____, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

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

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 the _____ 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 (Participant Name) _____ in the above named activity.

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 it's terms.

Participant Signature

Date

Career Technical Unpaid Internship Agreement Year 20 ____ to 20 ____

Student _____ Course _____ Training Site _____

“Community Classroom” is an instructional methodology which utilizes unpaid on-the-job training experiences at business, industry, and public agency sites to assist students in acquiring those competencies (skills, knowledges and attitudes) necessary to acquire entry level employment. The intent of the community classroom methodology is to provide additional resources so concurrent formalized classroom instruction can be extended and the acquisition of salable skills enhanced.

TRAINING SITE SPONSOR RESPONSIBILITIES

As a training site sponsor I agree to:

1. Inform the student of the rules, regulations, and duties expected of them on the assignment.
2. Accept and assign students to jobs and otherwise treat them without regard to race, religion, sex, national origin, age, disability, or genetics per the Equal Employment Opportunity Commission.
3. Supervise the student and work with instructor to correlate the classroom instruction with the learning experiences at the training station.
4. Plan an appropriate variety of job training tasks.
5. Verify the hours the student trains.
6. Confer with the teacher regarding the student's training plan and the student's progress in achieving their goals. Complete a written evaluation for student as required.
7. No student enrolled in community classroom shall replace a paid employee or cause to paid employee's hours to be reduced, nor shall the student's training activities preclude the hiring of additional employees.
8. The training is for the benefit of the student.
9. The employer that provides the training derives no immediate advantage from the activities of the students, and on occasion his operations may actually be impeded.
10. The students are not entitled to wages for time spent in training.
11. Not assign any work which involves driving of students under 18 years of age.
12. Assign the student to the following:

Type of work _____ Starting Date _____

Training days _____ Hours _____ Total duration _____

Sponsor's Signature _____ Phone _____

Print Name _____

Address _____

DISTRICT RESPONSIBILITIES

As teacher I agree to:

1. Inform the student and site supervisor of the program rules and regulations, and to provide the necessary forms.
2. Work closely with the training site supervisor in order to provide the student with the maximum benefit from the training experience.
3. Visit the student's job site at least once per training period.
4. Correlate the classroom instruction with the learning experiences at the training station.
5. Worker's Compensation will be provided for Community Classroom students by the school district, and no student will begin any internship until the student is covered by Worker's Compensation Insurance.

Teacher's Signature _____

PARENT/GUARDIAN RESPONSIBILITIES

As a parent/guardian of a student I agree to:

1. Approve of my son's/daughter's enrollment in the course and allow him/her to participate in the Career Technical Education Program.
2. Encourage the student to effectively carry out the duties and responsibilities of the program at school and at the training station.
3. Arrange transportation for the student and accept liability if incurred. The school will not authorize or be held responsible for the mode of transportation used.
4. Provide the student with ample automobile insurance coverage while driving to and from school and to and from the training station.
5. Acknowledge that the California Education Code does not require School Districts to conduct background checks or fingerprinting of any kind on non-District, external employers at off-site locations such as the Training Site.

Parent/Guardian Signature _____

Print Name _____

Home Phone _____ Work Phone _____

STUDENT RESPONSIBILITIES

As a student enrolled in the community classroom program I agree to:

1. Follow the rules and regulations established the training site supervisor.
2. Submit a time card to verify the number of hours trained as required by the teacher.
3. Notify the teacher and the training site supervisor of school or other related problems that are affecting their performance at the training site.
4. Maintain regular attendance and punctuality in school and at the training site. I will NOT go to the training site on a day when I am absent from school regardless of the reason for the absence.
5. Attend class(es) as required by instructor.
6. When possible, notify my supervisor BEFORE I am scheduled for training if an illness or other reason prevents me from attending that day.
7. Notify my teacher if I feel that the training I am receiving is not appropriate, or if I feel that I am being taken advantage of.
8. I understand that this is a training site, and that I am not entitled to a wage for time spent in training, and that I am not entitled to a job at the end of the training period.

Student's Signature _____