Job Shadow Agreement

PART 1: STUDENT

I would like to job shadow in the field of _____ under the supervision of _____ at _____. I agree to arrive at the specified time, to participate in any necessary safety training, and to abide by all the rules of the workplace. I understand that I am under the authority of the adult(s) I am job shadowing.

_____ _____

Name of Student Date

_____

Signature of Student

Student's Address: _____

Phone No.: _____ Email: _____

PART 2: PARENT/GUARDIAN PERMISSION

- I authorize my son's/daughter's participation in Job Shadowing. I understand that neither the Living Sky School Division No. 202, nor the sponsoring employer _____can be held responsible for any injuries which may result from participating in the program. I hereby release the Living Sky School Division No. 202, the sponsoring employer _____ and their employees and agents from all manner of action suits, losses, damages, or injuries, however caused, arising out of my son's/daughter's participation in this program.
- Students may drive themselves to job shadow locations with parental/guardian consent. They must complete the 8.06 Use of Private Vehicle form, which requires the principal's signature. Students are not permitted to carpool with other students to job shadow locations, except for siblings, with parental/guardian consent

_____ _____

Name of Parent/Guardian Date

_____

Signature of Parent/Guardian