

## Washoe County School District Work-Based Learning



### WORK-BASED LEARNING – PARENT/GUARDIAN CONSENT

I give permission for my student, \_\_\_\_\_ to participate in Washoe County School District's Work-Based Learning experiences, which may include Internships, Job Shadowing, CTE Work Experience, School-Based Enterprises, Supervised Agricultural Experiences, Clinical Experiences, Simulated Workplaces, and Apprenticeship Ready Programs.

**Directions: Please read and initial each section as your agreement to the conditions stated.**

\_\_\_\_\_ I understand that I am highly encouraged to carry and maintain medical insurance for my child/ward, but that it is not required for participation in a Work-Based Learning experience. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

\_\_\_\_\_ I am encouraged to provide transportation for my child/ward to and from the workplace, and I will contact the Washoe County School District if I require assistance.

\_\_\_\_\_ I understand that my child/ward may not always be chaperoned by a WCSD employee during Work-Based Learning experiences.

\_\_\_\_\_ I understand that Work-Based Learning experiences can be discontinued by the employer if it is determined the student violates the terms of the agreement and/or policies of the employer. In applicable experiences, this may result in a failing grade and/or lack of school credit.

\_\_\_\_\_ I understand that Work-Based Learning experiences attract attention from the media and are also used to promote partnerships between schools and employers. I give permission for my child/ward to be recorded, filmed, photographed, and/or interviewed for such recordings, films, photographs and/or interviews to be publicly exhibited, distributed, or published along with my child's/ward's name, whether undertaken by District staff, a student (as part of a school-approved project), or the media. I agree that the District may use, or allow others to use, those works without limitation or compensation. I release the Washoe County School District and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

**To be completed by parent/guardian:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Family Doctor Phone: \_\_\_\_\_

Explain any accommodations due to medications, disability, dietary constraints, or other restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT PRIVATE TRANSPORTATION PERMISSION

I hereby acknowledge that I am the lawful parent or legal guardian of \_\_\_\_\_, a student currently participating in a Work-Based Learning experience.

I understand that as part of the Work-Based Learning experience, my student is responsible for providing his or her own transportation. I, as parent/guardian, may transport my own child to and from the Work-Based Learning location(s), or the student may drive him/herself in their own private vehicle. I can contact Washoe County School District's Career Technical Education Department at 775-327-3945 or [SACTE@washoeschools.net](mailto:SACTE@washoeschools.net) if I require assistance with transportation.

I hereby assume full responsibility and obligation for the private transport of said student both to and from the Work-Based Learning location(s). In consideration of the rights afforded herein, I hereby release and forever discharge the Washoe County School District, its insurers, agents, employees, representative and assigns from any and cause of action, claims, demands or expenses in any way connected with or arising out of private transportation of the aforementioned student to and from all events referred to above.

I understand that I may rescind this release by providing the appropriate School District personnel with a written retraction, and that such retraction will be effective for only those future events specifically referenced in the retraction and shall not be effective as to any prior transportation.

I hereby represent and warrant that in signing this release, I have been fully advised and represented by legal counsel of my own selection, or that I have had full opportunity to do so, that I am fully familiar with all circumstances incident hereto, that in executing this release, I rely wholly upon my own judgment and the advice of counsel of my own independent selection, or that I have waived the right to rely on such advice, and that I have been in no way influenced in making this release by any representative or servant of the Washoe County School District.

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Parent/Guardian Name (Please Print)

Student Name (Please Print)

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Parent/Guardian Signature

Date

## PARENT/GUARDIAN WAIVER OF LIABILITY

Washoe County School District Work-Based Learning involves active participation in activities during and/or outside of the school day that directly relate to the student's area of job or career interest. These activities occur away from the school premises. The parent/guardian assumes all responsibility for safety and liability traveling to and from the work site (when using private transportation).

I, \_\_\_\_\_ (parent/guardian name/self), in consideration of my student/myself being permitted to participate in a Work-Based Learning experience and recognizing the current educational and career exploration value that he/she/I will reap from it, hereby give my consent for \_\_\_\_\_ (student name/self) to participate in a Work-Based Learning program which involves a work-based experience at a local business.

I, on behalf of my heirs and estate and any other person claiming through me, hereby voluntarily and expressly relieve, indemnify, save and hold harmless the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my student as a result of the acts, omissions, or conduct of any person and assume all risk associated with participating in Work-Based Learning activities.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my student has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I understand that I may request assistance if available, but that the Washoe County School District is not responsible for providing transportation to or from Work-Based Learning activities. Further, I agree to hold harmless Washoe County School District; its insurers, agents, employees, and representatives, in any claims, demands or expenses arising out of travel to, or participation in, the Work-Based Learning activities.

I further agree to assume the responsibility of seeing that my student cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising the student.

I understand it is highly recommended that I carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

### Proof of Health Insurance

Washoe County School District does not provide health or liability insurance coverage for Work-Based Learning students. If health and/or liability insurance coverage are required by the participating employer host, it is the responsibility of the student's parent/guardian.

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my student to participate in this activity.

Printed Name – Parent/Guardian

Signature – Parent/Guardian

Date