

Nassau County School District's

# 8th Grade Career Shadow Day

Friday, May 11th

***"Spend a Day Observing the World of Work"***



To participate, complete the form on the reverse side as well as the district's medical authorization form and return both to your school's Guidance Department no later than Monday, May 7th.

While most students will shadow one of their parents, families are encouraged to consider their relatives, neighbors, and friends in specific career fields related to the student's interests.

Participating students will be considered as attending school on a field trip on the day of the event.

**Career Shadow Day Enrollment Form**

Student's Name: \_\_\_\_\_

First Period/Homeroom Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Cell/Day Phone Number(s): \_\_\_\_\_

Host Business: \_\_\_\_\_

Business Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL CONSENT AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as "minor child"). As the parent or legal guardian of the minor child, I hereby consent for the minor child to participate in the Nassau County Career Shadow Day which will be held on Friday, May 11<sup>th</sup>, 2011.

In consideration of the benefits to be derived by the minor child from participating in the foregoing activity, I, the parent or legal guardian of the minor child, both personally and on behalf of the minor child, and for our respective estates, heirs, administrators, executors, and assigns hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Nassau County School Board, members of the Nassau County School Board, Superintendent, or the Nassau County School Board's servants, agents or employees (hereinafter referred to as the "Releasees") from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury, including death, that may be sustained by the minor child or the minor child's property during and/or as a result of his or her participation in the above described activity.

I fully understand that there are potential risks and hazards associated with the minor child's participation in the above described activity. Despite the potential risks and hazards associated with the minor child's participation in the above described activity and related travel, I, individually and on the minor child's behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the above described activity that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I acknowledge that the minor child is freely and voluntarily participating in the above described activity and that his or her participation is not required.

In signing this agreement, I acknowledge and represent that I have read it and that I understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the parent or legal guardian of the minor child. This instrument shall be governed, construed, and enforced in accordance with Florida law.

\_\_\_\_\_  
Parent or Legal Guardian's Printed Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian's Signature