

I hereby give permission for my son/daughter/ward to participate in the BASICS Career Shadowing Week. I understand that transportation to the career shadow workplace is the responsibility of my son/daughter/ward or me.

I hereby release BASICS and the school from any liability that might result from my son/daughter/ward driving and/or riding as indicated. I agree to maintain insurance on the vehicle if my son/daughter/ward drives.

Yes No I grant permission for my son/daughter/ward to be photographed while participating in the job shadow experience for educational purposes.

Yes No I grant permission for my son/daughter/ward to receive emergency medical treatment if needed.

Insurance Company _____

Group/Identification Number _____

Parent/Guardian Emergency Contact Information _____

Special accommodations or conditions _____

The parent or guardian of the student assumes full responsibility for and agrees to save, indemnify and hold all firms and businesses participating in the BASICS Career Shadowing Week initiative harmless from all losses, liabilities, damages or claims for damages or injuries to students which may arise from this program.

Confidentiality Agreement

By signing this agreement, I acknowledge and understand that I must not discuss any confidential information I see or hear during my career shadowing experience with others.

We the undersigned agree to the conditions and statements contained in this agreement (signatures required):

<i>Print Student Name:</i>	<i>Date:</i>
<i>Student Signature:</i>	<i>Date:</i>
<i>Parent/Guardian Signature:</i>	<i>Date:</i>

Please return this form to your school contact. Thank you.