

St. Helens School District
Student Job Shadowing Program

Adult Name

Last _____ First _____ MI _____ DOB ____/____/____

Street/Mailing Address _____ City _____ State _____ Zip _____

Phone: Home () _____ Work () _____ Emergency _____

Participant Name

Last _____ First _____ MI _____ Male ___ Female ___

Age _____ Date of Birth ____/____/____

Informed Consent/Participant Release

“I, the participant or the parent/guardian of the above named participant understands the possibility of injuries resulting from activities sponsored by the St. Helens School District (“District”). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless the District and its directors, employees and agents from any injury whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against the District, its directors, employees and agents. I understand there is no insurance coverage provided by the District for participation and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of the District, is involved in the transportation of participant in connection with District activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician. I acknowledge that I have read, fully understand and accept the above provision and I recognize that the District is relying on such acceptance in permitting me to engage in District activities.

Signature _____ Date _____