



## RISK MANAGEMENT

### Job Shadow

Parent/Guardian Acknowledgement, Assumption of Risk, and Student Information

Job shadow experiences involve following and observing an employee or employees who are in a position or performing a function the student has an interest in. The student does not perform work for the company or organization.

**Note to Parent/Guardian:** For your student to participate in this job shadow, you must complete Page 3 of this form. The completed form must be returned to the PSD Staff Sponsor listed below before the Job Shadow is scheduled to occur. The student must provide a copy of Page 3 when reporting to the Job Shadow.

#### Job Shadow Information

Student Name:

Company/Organization:

School:

Contact Name:

PSD Staff Sponsor:

Phone Number:

Date of Job Shadow:

Address:

Time of Job Shadow:

Activities Involved:

Special Instructions (ex. Items student should bring):

## Job Shadow Information & Permission

### Special Procedures and Considerations

Your student's participation in the job shadow is voluntary. **Your written acknowledgement on the second page of this form is necessary for your student to participate in the Job Shadow described above.**

- Job Shadow experiences may potentially involve risks and responsibilities that are beyond the scope of those normally associated with educational activities at school. Such risks include the potential for personal injury and/or damage to the personal property. You are encouraged to inquire in advance concerning the nature, details, and potential for risks of this Job Shadow.
- Transportation to and from a job shadow experience is generally not provided by the School District and the student and parent/guardian are responsible for such transportation.
- Job shadow experiences are not selected, controlled, or supervised by School District staff. Employees working for the Company have not been fingerprinted or background-checked by School District staff.
- Your student shall be subject to the Poudre School District Code of Conduct at all times related to their participation in the Job Shadow. As a condition of participating in the Job Shadow, your student shall also be required to comply with all instructions and safety precautions communicated by school officials and the Company.
- The School District is protected from liability under the Colorado Governmental Immunity Act for injuries and damages that may arise out of or in connection with the Job Shadow, and any injuries or damages arising out of or in connection with the Job Shadow may therefore not be covered by School District insurance. For these reasons, it is recommended that you obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to your student, and damage to or destruction of property belonging to you or your student, which may arise out of or in connection with your student's participation in the Job Shadow. **The School District has information available regarding accidents and health insurance that may be purchased to cover your student's participation in the Job Shadow. More information can be found at <https://www.psdschools.org/schools/safety-security/student-accident-insurance>.**

## Job Shadow Information & Permission

### Emergency Contact Information

Student Name:

Emergency Contact 1:

Emergency Contact 2:

Cell Phone:

Cell Phone:

Other Phone:

Other Phone:

**Please provide any information you want the Company to be aware of. For example, does your student carry an EpiPen?**

### Job Shadow Acknowledgement and Assumption of Risk

I have reviewed the information and Special Procedures and Considerations regarding the Job Shadow and associated activities provided on page 1 of this form and have been given the opportunity to obtain additional information from the Company. I understand and acknowledge that this is not a School District program or activity, and my student will not be supervised by School District staff during the Job Shadow. I hereby release and hold harmless the School District and its board members, employees and agents, and the Company, its shareholders, members, board members, managers, officers, and employees, from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my student or on my student's behalf for any and all damages, including personal injury to my student, arising out of or in connection with my student's participation in the Job Shadow and associated activities. My student and I understand and appreciate the risks and dangers of participating in the Job Shadow and associated activities, and assume the risk of any and all damages, including personal injury, which my student may incur as a result of such participation.

Signature of Parent/Guardian

Date

Signature of Student (over 18)

Date

**Company:** In the event of an emergency involving the student, the Company should attempt to contact the student's emergency contacts listed above. The School District also requests that you call its Customer Services Center at (970) 490-3333 to report the emergency when it is convenient.