



# Work-Based Learning (WBL) Training Agreement

## Coversheet

\*Name: \_\_\_\_\_

\*School/Career Center: \_\_\_\_\_

\*Career Cluster: \_\_\_\_\_

Student's Career Pathway/Program of Study: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### Forms included in the Training Agreement

Completed by Student/Parent	Forms	Reviewed by Teacher/WBL Coordinator
	Student and Parent Information	
	Parent/Guardian Permission Form • Worksite Information to be completed by Supervising Teacher or Career Specialist	
	Training Agreement	
	Hazardous Occupations Exemption Form to be completed by Supervising Teacher/Career Specialist	
	Worker's Compensation and Liability Coverage Form to be completed by Supervising Teacher/Career Specialist	
	Criminal Record Check for Health Science Students only	
	TB Test Consent Form to be completed by Cosmetology, Barbering and Health Science students	

\* Information required for State Reporting

## **INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK FOR COVID-19**

\_\_\_\_\_ (Student Participant) desires to participate in the Richland County School District One (“District”) Career and Technical Education work-based learning experiences (internships, cooperative education, apprenticeships, or clinicals). I, \_\_\_\_\_ (Parent/Guardian/Student 18 or older), for myself and my child, understand and agree as follows regarding risks associated with COVID-19 pandemic:

- 1. Voluntary Participation:** I voluntarily elect for my child/Student Participant to access and use the District’s premises, facilities, and equipment, and on other school districts’ properties in the course of participating in the work-based learning activity, so that my child may participate in the Career and Technical Education program. I voluntarily elect for my child/Student Participant to receive instruction and training from district employees. I understand that if I do not feel it is safe or appropriate to begin in-person workouts at this time, the student participant will be allowed to return to team activities without repercussions when I feel it is appropriate to do so, and the student participant may participate without mandatory attendance requirements during the summer period.

I understand that student participants who either have pre-existing medical conditions that place the Student Participant at higher risk of infection, or those who do not want to risk contracting COVID-19, should refrain from participating in high school sports at this time.

- 2. Acknowledgment of Risk:** I warrant that I am fully aware of the inherent risks of infection from the COVID-19 virus and pandemic, among other communicable diseases, in all public spaces, and particularly in recreational facilities such as those used by the district for its Career and Technical Education programs. I understand that use of the district’s premises, or other premises and locations, and participation in athletic activities may result in an increased risk of exposure to COVID-19 because of, among other things, the sharing of equipment, close contact with other individuals during activities, and the prevalence of high touch surfaces inherently associated with the activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of students.

I understand that COVID-19 is considered a highly contagious virus that may have serious health consequences that could result in prolonged hospitalization, permanent injury, and even death, and the potential spread to other individuals, including other household members, and I acknowledge that such risk cannot be fully mitigated or controlled.

- 3. No Warranty:** I understand that the district will make reasonable efforts to comply with guidelines of South Carolina Department of Education, Centers for Disease Control, South Carolina Department of Health and Environmental Control. However, the district cannot eliminate the risk of exposure to COVID-19, or guarantee that the facilities and work-based learning activities will be free of COVID-19; that faculty, staff, and volunteers will be or will remain free of infection; or that infected and contagious students or their families will not be present on the premises or participating in the activity. Accordingly, the district cannot and does not warrant, guarantee, or offer assurances that individuals will not be exposed to COVID-19 while on the premises or engaged in athletic activities, or that individuals will not then expose others to COVID-19.
- 4. Assumption of Risk:** I understand and acknowledge that my or my child’s access and use of the premises, facilities, equipment, and participation in the activities involve inherent risks to me or my child, and I understand the district has no control over these risks, nor the ability or duty to eliminate such risks, and even strict adherence

Parent Signature \_\_\_\_\_

Student Name: \_\_\_\_\_

to guidelines cannot eliminate risk. Consequently, for myself, and for my child, I assume such dangers, risks, and hazards by participating in athletic activities at this time.

5. **Indemnification, Waiver, Release:** I hereby waive, release, discharge, and hold harmless the district, including its employees, Board, directors/officials, officers, agents, and volunteers from any and all liability associated with any injury to the Student Participant, including personal injury or illness or even death, loss of income or educational opportunity, property damage, and all losses, damages, expenses, liabilities, or claims of any nature arising out of, related to, or in any way connected to the Student Participant use of the premises, facilities, and participation in the activities.

6. **Other Acknowledgements:**

- a. I represent that I have the authority to give this Informed Consent, Release of Liability, Assumption of Risk for the Student Participant's participation in the District's athletic program and use of District premises and facilities. I am the parent/legal guardian of the Student Participant, or I am 18 years of age or older, and have the unrestricted right to enter into this Informed Consent, Release of Liability, Assumption of Risk.
- b. I am aware of the district's COVID-19 guidelines and shall abide by them, make all reasonable efforts to equip and instruct my child to abide by them at all times while on the district's premises, or while otherwise engaged in the work-based learning activity, even on other districts' premises, for purposes of participating in the district's Career and Technical Education program.
- c. I agree that in the event that the Student Participant or any member of our household tests positive for COVID-19, is informed by a health care provider that that the Student Participant or member of my household is likely symptomatic for COVID-19 infection, or otherwise becomes aware of information that a reasonable person should in good faith recognize as indicating exposure to COVID-19, I will immediately notify the District.
- d. I hereby give consent for emergency transportation and treatment in the event of illness or injury, and I accept responsibility for the payment of any emergency transportation or treatment on behalf of my child.
- e. To the best of my knowledge I further certify that my child is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this event.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS **INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK**; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I AM WAIVING RIGHTS BY SIGNING IT; AND I HAVE SIGNED IT FREELY AND VOLUNTARILY. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE EXTENT ALLOWED BY LAW.

_____	_____
<b>Signature of Parent/Guardian for Minor Student</b>	<b>Date</b>
_____	_____
<b>Signature of Student Participant</b>	<b>Date</b>
_____	_____
<b>Print Name of Parent/Guardian</b>	<b>Print Name of Student Participant</b>
_____	_____
<b>Teacher/Career Specialist</b>	<b>Date</b>
<b>Parent Signature</b> _____	<b>Student Name:</b> _____



## Parent/Guardian Permission Form

### Worksite Information (To be completed by Teacher/Work-based Learning Coordinator)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Worksite Supervisor: \_\_\_\_\_  
Name Contact Number

Nature of work to be performed in the work-based learning experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are employees at this worksite engaged in hazardous occupations? Yes No

Will the work-based learning experience for this student involve a hazardous occupation as defined under the Federal guidelines? Yes No

WBL Begins: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ends: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Date

Mode of Transportation: \_\_\_\_\_ Person Responsible: \_\_\_\_\_

### Consent to Participate - Initial each statement.

\_\_\_\_\_ My child, Name: \_\_\_\_\_ (DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_),  
has my permission to participate in a work-based learning experience at the worksite as outlined above.

\_\_\_\_\_ I consent for my child to receive emergency medical treatment in case of injury or illness. The  
information provided in this agreement is accurate to the best of my knowledge.

\_\_\_\_\_ The district provided information about the liability coverage if any injuries are sustained by my child's  
participation in this program.

\_\_\_\_\_ I grant the district/school/worksite permission to photograph my child for promotional and educational  
purposes in publications, online and in other communications related to this work-based learning experience.

\_\_\_\_\_ I have read the information and fully understand and agree with the content of this work-based learning  
experience training agreement.

Name (please print)	Signature	Date
Parent/Guardian		
Student		

Parent Signature \_\_\_\_\_

Student Name: \_\_\_\_\_

## Training Agreement

This training agreement briefly outlines the responsibilities of the student, parent/guardian, worksite supervisor, and teacher for the work-based learning experience.

### Parent/Guardian

1. Approves and agrees that the student may participate in work-based learning at the worksite listed above.
2. Encourages the student to effectively carry out the work experience requirements both in the classroom and on the job.
3. Assumes responsibility for the conduct of the student.
4. Provides transportation for the student to and from the worksite.
5. Holds school and teacher harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

### Student

1. Complies with the rules and regulations of the worksite.
2. Observes the same regulations that apply to other employees.
3. Adheres to all policies and regulations as set forth by school administration and the teacher.
4. Shall not displace adult workers who can perform such work as assigned in the work-based experience
5. Successfully meet any and all requirements as it pertains to safety procedures.

### Teacher

1. Assists in securing an appropriate work-based experience based on the student's program of study.
2. Works with the supervisor/mentor in developing a training plan for the student.
3. Visits worksite at least once per month to confer with the employer and student; verifies that student's duties correlate with job description; observes working conditions; helps develop progressive skill-building activities; observes and evaluates student progress; and resolves questions, issues, or concerns.
4. Counsels the student about his or her job progress, behavior, attitude, academics, etc.
5. Terminates employment when it serves the best interest of the student as determined in collaboration with the employer.
6. Determines the student's final grade for work-based learning.
7. Reinforces work-based experiences with related classroom instruction.

### Worksite Supervisor

1. Recognizes that the student is enrolled in work-based learning aligned to his or her program of study.
2. Provides supervision and instruction in each of the applicable tasks listed on the training plan to assist the student in mastering standards necessary for success in the career objective.
3. Evaluates and documents student progress.
4. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, and age.
5. Adheres to wage and hour; child labor; and all other federal, state, and local laws pertaining to student employment.
6. Completes the work-based experience evaluation and returns it to the teacher on the required date.

Parent Signature \_\_\_\_\_

Student Name: \_\_\_\_\_

**Training Agreement cont.**

Name (please print)	Signature	Date
<b>Student</b>		
<b>Parent/Guardian</b>		
<b>Parent/Guardian</b>		
<b>Supervising Teacher/Career Specialist</b>		
<b>Worksite Supervisor</b>		
<b>Administrator/Designee</b>		

Parent Signature \_\_\_\_\_

Student Name: \_\_\_\_\_

# HAZARDOUS OCCUPATION EXEMPTION FORM

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

This is to certify that \_\_\_\_\_ is a student  
Name of Student

at \_\_\_\_\_ in \_\_\_\_\_, SC,  
School/Career Center City

and will be participating in a Work-Based Learning experience at

at \_\_\_\_\_ in \_\_\_\_\_, SC.  
Worksite Name City

1. The work of the student in the occupation declared hazardous shall be incidental to this training and shall be under the direct and close supervision of a qualified and experienced person.
2. Safety instructions shall be given by the school and correlated by the employer with on-the-job training. Documentation will be kept regarding type, amount, and process for safety training.
3. A schedule of organized and progressive work processes to be performed on the job shall have been prepared and agreed upon by the employer and school representative.

We certify that the conditions mentioned above will be fulfilled.

Name (please print)	Signature	Date
Supervising Teacher/Career Specialist		
Worksite Supervisor		

Parent Signature \_\_\_\_\_

Student Name: \_\_\_\_\_





## Certificate of Worker's Compensation & Liability Coverage

Certificate of Worker's Compensation & Liability Coverage  
for district Work-Based Learning Experiences

Student \_\_\_\_\_

School \_\_\_\_\_

Training Site \_\_\_\_\_

Supervisor/Mentor \_\_\_\_\_

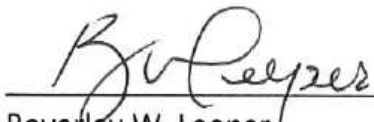
Career Pathway (IGP or CTE Pathway) \_\_\_\_\_

Experienced Date(s) \_\_\_\_\_

Approximate Number of Hours \_\_\_\_\_

### Worker's Compensation & Liability Provider Coverage

South Carolina Schools Board Trust  
111 Research Drive  
Columbia, SC 29203

  
\_\_\_\_\_  
Beverley W. Leeper  
Coordinator, Risk Management  
Richland County School District One

Parent Signature \_\_\_\_\_

Student Name: \_\_\_\_\_



**South Carolina  
Law Enforcement Division**

P.O. Box 21398  
Columbia, South Carolina  
29221-1398

*Henry D. McMaster, Governor  
Mark A. Keel, Chief*

*Tel: (803) 737-9000*

**CRIMINAL RECORD CHECK**

**(Please print your completed form and submit to SLED. You may want to print a copy for your records.)**

FULL NAME: \_\_\_\_\_  
First Name Middle Name Last Name

AKA and/or MAIDEN NAMES: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

**CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY**

<i>NAME OF ORGANIZATION</i>	
<i>VERIFICATION NUMBER (as provided by SLED for online checks)</i>	
<i>SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR</i>	
<i>(A self-addressed stamped envelope is required for the return of background check)</i>	

**PLEASE NOTE:**

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

**\*SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.**

(CJ-022) Revised 09/25/15



*An Accredited Law Enforcement Agency*



Parent Signature \_\_\_\_\_

Student Name: \_\_\_\_\_

Richland County School District One  
**TB TEST CONSENT FORM**

**To be completed for Cosmetology, Barbering and Health Science Students**

Please print. Submit the completed form to your instructor. Make a copy for your own records.

Student Name: \_\_\_\_\_  
First Name Middle Initial Last Name

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Work-Based Learning Experience: \_\_\_\_\_  
Internship, Cooperative Education, Youth Apprenticeship or Registered Apprenticeship

**\*\*ALL TEST RESULTS WILL BE KEPT CONFIDENTIAL\*\***

**Please Note:**

**The Career and Technical Education (CTE) Department will only pay the cost of the TB Test for students enrolled in a CTE Completer Program.**

If your TB Test shows a need for a Chest X-ray, the cost of the Chest X-ray is the responsibility of the parent/guardian.

The undersigned grants permission for their student to participate in the TB Test as required by the course they are enrolled in through our Career and Technical Education Programs of Richland County School District One.

Name (please print)	Signature	Date
Student		
Parent/Guardian		

*Submit completed form to the Career and Technical Education Office for processing.*

Parent Signature \_\_\_\_\_

Student Name: \_\_\_\_\_