



**WARREN COUNTY  
CAREER  
CENTER**

**MAIN CAMPUS:**  
3525 N. St. Rt. 48  
Lebanon, OH 45036  
Phone: 513.932.5677  
Fax: 513.932-3810  
Website: mywccc.org

**ATRIUM CAMPUS:**  
5757 Innovation Drive  
Middletown, OH 45005  
Phone: 513.932.5677, ext. 4504  
Fax: 513.933.3961  
Website: mywccc.org

## **Warren County Career Center Job Shadowing Experience Permission/Release**

**A completed form must be turned in 24 hours prior to the Job Shadowing Experience.**

The Warren County Career Center (“WCCC”) is excited to provide your student with the opportunity to voluntarily participate in an unpaid job shadowing experience that is related to their career tech program ("Program") field. To give permission for your student to participate in this experience, the student and his/her parent or legal guardian must complete and sign this form and return it to the student’s career tech teacher.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Career-Technical Program

\_\_\_\_\_  
Student ID #

### **Section I: Description of Job Shadowing Experience**

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

End Date (if different): \_\_\_\_\_

Time Period: \_\_\_\_\_

Business Name and Location: \_\_\_\_\_  
\_\_\_\_\_

Method of Transportation (check all that apply):

- School Bus/Van
- Private Vehicle

**Section II: Participation Expectations and Disclaimer**

Participation in the Program is voluntary. All students are expected to abide by school district rules, regulations, and safety precautions, as well as employer and teacher instructions at all times while participating in the Program. If your student fails to follow rules and directives, the Warren County Career Center reserves the right to discontinue his/her participation. In that case, you will be contacted immediately. Your Student will also be subject to board policy and the student code of conduct and further may be disciplined for any violations as specified therein.

Participation in this Program may involve risks and responsibilities for your student that are beyond the scope of those normally associated with traditional school functions. These may include but are not limited to, personal injury or damage to personal property while participating in the Program or traveling to/from the Program site.

Parents/guardians are encouraged to contact WCCC in advance concerning the nature and details of the Program.

**By signing below, you acknowledge that you are aware of potential risks associated with your student's participation in the Program and that you voluntarily and knowingly assume all such risks.**

**Section III: Participation Approval, Release and Waiver**

In consideration of being permitted to participate in the Program, I, for myself, my heirs, executors, agents and assigns, hereby waive, release, hold harmless and defend the District and driver from any and all claims, liabilities, losses, demands, or causes of actions, of whatsoever nature, including any reasonable attorneys' fees and other costs of litigation, which are or may be asserted by any person or entity, whether or not involving a third party claim, which arises out of or relates to (a) bodily injury, death, or property damage that may be sustained or caused while in transit to and from the Program site; and (b) any act or omission by me while in transit to and from the Program site, in each case whether or not caused by the negligence of the District or driver and whether or not the relevant claim has merit.

If this Agreement is unenforceable under the applicable state law, this provision shall be interpreted to impose the maximum legal obligation permitted under such law. By signing below, the undersigned acknowledges that he/she has read and understands the inherent risks associated with this activity and that the undersigned voluntarily agrees to indemnify and/or hold harmless the District and the driver in accordance with this Agreement.

\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Technical Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Date

**COMPANY CERTIFICATION - Requires employer signature**

*((To be submitted after work site visit))*

Name of Company: \_\_\_\_\_

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

Description of the unpaid job shadowing experience:

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Technical Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date