*All permission forms are provided as examples only, but it would be best to use the forms required by your district, customizing to disclose possible risks and/or include permission to photograph.*

Dear parents/guardians of Academy of Theme students:

As an academy student, your child has the opportunity to participate in a WBL activity experience at company on date that will introduce them to the environment, expectations, and requirements of a workplace. WBL activity allow students to take an up-close look at what a “real job” is like and how the skills they learn in school are put into action in the workplace. Please review the expectations outlined in this form. A signature on this form signifies permission and commitment to fulfill all expectations. This form must be completed, signed, and returned to name by date for your child to participate in this opportunity.

Insert transportation details here

**Parent/guardian expectations** – Please check each box to indicate your understanding and acceptance:

\_\_\_ Support student’s participation and fulfillment of expectations outlined in the Student Agreement

\_\_\_ Give permission for the student to participate in the WBL activity

\_\_\_ Give permission for the student to be photographed during the experience

\_\_\_ (If needed) Provide transportation to and from the WBL activity

\_\_\_ (If needed) Allow the student to drive to and from the WBL activity

I agree to assume any and all liability and hold the district name, its Trustees, employees, and agents harmless from all claims or actions which I may or my child ever had, now have, or may have in the future or any liability for injuries or damages which occur to my child or to me as a result of his or her participation in this experience.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the district name, its Trustees, employees, and agents from all claims made against it or them on behalf of my child.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance. This release applies to the experience described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian signature Date             Student’s full name (please print)