Student Participation and Parent/Guardian
Consent, Release, and Assumption of Risk Form

This consent, release, and assumption of risk agreement is made and entered into by and between

_____ [Grade level _____ Desired careers [1] _____

Minor Student

[2] _____ [3] _____ School _____ DOB _____], and

_____as parent/guardian and The Mentor Matcher (TMM), this_____day of _____, 20 ____.

By signing below you authorize your child to participate in the Jobshadow program releasing TMM from all liability of damages. The student is expected to be in the workplace for a half day (4 hour) period. The student is responsible for showing up on time, completing a Jobshadow Questionnaire and an Evaluation at the completion of all job shadows. All correspondence between the student and mentor should be copied to TMM.

Any type of disruptive behavior in the workplace or with The Mentor Matcher staff is grounds for immediate dismissal from the program.

If you feel your child will benefit from a jobshadowing experience arranged by The Mentor Matcher, sign below and we welcome you.

Signature of Student _____

Signature of Parent/Guardian _____

EMERGENCY INFORMATION:

Student's Name _____Home Telephone _____

Father's/Guardian's Name _____ Bus. Phone _____Cell or Pager # _____

Mother's/Guardian's Name _____ Bus. Phone _____Cell or Pager # _____

Fax _____ Email _____

Medical Condition (allergies, prescription medicine, etc.) TMM should know about my child

_____

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