

Work Experience Agreement Form

Paid or Unpaid: Internship / Job Shadow / Mentorship or
Structured Work Experience Program Agreement

Student name: _____

Phone: _____

Student address: _____

Date of Birth: _____

In case of emergency contact: _____

Phone: _____

Worksite/Organization: _____

Phone: _____

Worksite Supervisor: _____

Phone: _____

High School Coordinator _____

Phone: _____

Date Enrolled: _____

End Date: _____

Student agrees to accept the following responsibilities:

1. Keep regular attendance both in school and on the job; not work during any school hours that she/he is scheduled to attend on site at school unless the absence is authorized by school authorities; notify school officials and employer by phone or message if they are unable to report for work.
2. Take direction, complete tasks, work in a team environment and adhere to cell phone usage requirements of RPA and/or employer.
3. Consult program coordinator or supervising staff member, as well as the employer, about any problems.
4. Conform to the rules and regulations of the worksite, adhere to worksite safety, and maintain a high level of confidentiality.
5. Complete required assignments and furnish necessary information, reports, and timesheets.
6. Maintain satisfactory performance as identified in Student's learning objectives.
7. Arrange transportation to and from the worksite. The school/program does not provide supervision to and from the worksites.
8. Report on-the-job accidents or illnesses to your supervisor and the school coordinator immediately and complete any and all appropriate reports.
10. Authorize RPA to release general information concerning grades, attendance, and behavioral conduct to the employer or potential employer or worksite supervisor.

I agree to comply with all the regulations set forth by the company/organization to which I am assigned as part of the High School Internship /Work Experience Program. I further agree to comply with school regulations and to maintain my attendance and citizenship responsibilities both in and out of school. I realize that failure to comply with the rules and regulations of the program may result in my removal from the worksite.

Student Signature: _____

Date: _____

Parent agrees to accept the following responsibilities:

1. Arrange transportation to and from the worksite. The High School/Program does not provide supervision to and from worksites. By signing below, I agree to hold RPA harmless for any liability for any loss arising out of this transportation arrangement, regardless of cause.
2. I will encourage my student to effectively carry out their duties and responsibilities.
3. Share the responsibility for the conduct of the student while training in the program.
4. Be responsible for the safety and conduct of the student while they are traveling to and from school, the training site, and home.
5. Authorize the High School to release general information concerning grades, attendance, and behavioral conduct to the employer or potential employer/training site.
6. Student does not have any physical or mental condition which would restrict or prevent him or her from participating in the program, or which would increase the risk of harm to the student with the exception of the following:

I hereby give my consent for _____ to participate in the Work Experience Program during the current school year. I agree that the above-named student may participate in the out-of-school job assignments made as part of the program. I will collaborate with the High School to ensure the student's enthusiasm, good attendance, and punctuality habits.

Liability and Medical Release:

I understand that participation in this program is not required and will expose the student to risks of injuries. I understand that the student has the opportunity to enroll in other classes with fewer risks of injury. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of risks include, but are not limited to, physical injury, emotional injury, property damage, economic loss, non-economic loss, and deprivation of rights, privileges, and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the activities. **I understand that these risks could cause harm to the student, their property, and other persons.**

I fully recognize the dangers inherent in the program, but I am willing to allow the student to participate in the program. In consideration for providing the student the opportunity to participate in the program, **both the student and I voluntarily agree to waive and discharge any and all claims against RPA and release it from all liability for any loss regardless of cause**, including claims for any negligent actions of RPA or its employees or agents, to the fullest extent allowed by law, for myself, the student, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and Hold Harmless RPA, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, the student, or to our property, or losses of any kind which may result from or in connection with the student's participation in the program, up to and including injuries stemming from the negligent actions of the District or its employees or agents.

I further certify and represent that I have the legal authority to waive, discharge, release, **and hold harmless the released parties on behalf of the student.**

In the event that the student may require emergency medical treatment while participating in the program, I authorize RPA and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this release and fully understand its contents. I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to allow my student to participate in this Activity.

Parent/Guardian Signature: _____

Date: _____