PARENTAL/GUARDIAN RECORD RELEASE AUTHORIZATION AND CONSENT FORM.

I authorize the Washtenaw Intermediate School District (WISD) and those school personnel involved in placement activities to release my program records to any requesting organization for employment and work experience training purposes and agree that the WISD and those personnel involved in placement activities be absolved of any responsibility in connection with such release.

The undersigned adult, student and parent (or guardian) also agree that the WISD and those school personnel involved in placement activities shall not be held responsible for any personal injury, loss of or damage to property, however caused, and agree to release the WISD and those school personnel involved in work experience job training and/or placement activities from all claims or damages which may arise as a result of any personal injury or loss suffered during any phase of the training activity or process. This release shall extend to all further damages and injuries.

All risks attendant to job placement/work experience and training are hereby assumed by the adult, student and his/her parents (or guardian) and this assumption and release is acknowledged and approved by the signature hereto.

If 18 years of age, sign.

_____ _____

Signature of Applicant Date

If under 18 years of age, please have parent or guardian sign the release as well as yourself.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Applicant Date