GOLDEN VALLEY UNIFIED SCHOOL DISTRICT
VOLUNTARY TRIP FOR JOB SHADOWING
AUTHORIZATION AND RELEASE OF LIABILITY

THIS AUTHORIZATION AND AGREEMENT OF PARENT NOT TO SUE SCHOOL DISTRICT OR ITS EMPLOYEES. THIS MUST BE SIGNED BY THE STUDENT'S PARENT PRIOR TO LEAVING FOR THE EVENT.

By my signature below, I, as parent of the named student, agree that I will not sue the Golden Valley Unified School District or any of its employees or agents, for property damage, personal injury, death, or any other claim arising in any way out of my child/ward participating in the event, class or activity described below. Pursuant to CA ED Code, §35330(d), this agreement is binding not only on me , but also on any person who may deem to represent or act on my behalf. I understand that my child or ward is not required to participate in the event described and that this Agreement not to sue is made in consideration of the School District allowing my child/ward to participate in this event. Understanding this, I am signing this Agreement freely and voluntarily.

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM WAIVING RIGHTS WHICH I MIGHT OTHERWISE HAVE.

I hereby give my child _____ permission to attend the following event: Job Shadowing Trip to Business in _____, CA. The students will travel by _____ leaving the _____ School, _____, CA at _____am/pm, on _____ 20___, and returning at _____ am/pm, on _____, 20___.

_____   _____
            (Signature of Parent/Guardian)   Date:

Students are required to travel to and from this event with the group, <u>No</u> deviations from these arrangements will be permitted.

I hereby authorize _____ to transport my child _____

to and/or from the above described event in their private vehicle.

_____
                        Authorized Signature

<u>**AUTHORIZATION TO TREAT A MINOR**</u>**: In case of emergency, I consent to have my child treated at an emergency room or hospital. It is understood that an effort shall be made to contact the undersigned prior to the rendering of any treatment, but that treatment will not be withheld if the parent and/or guardian cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.**

_____   _____
            Parent or Legal Guardian   **Date**

_____
Emergency Phone Contact & Number:

CRMA-Job Shadow.doc