MADERA 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 Madera 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	p	permission to attend the following		
event: Job Shadowing Trip to Business in	permission to attend the following, CA. The students will travel by School,, CA atam/pm,, 20			
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 arrangemen	this event with the gr nts will be permitted.	oup, <u>No</u> deviations	from these	
hereby authorize to transport my child				
to and/or from the above described event in their priva	ate vehicle.			
	Authorized Signature			
AUTHORIZATION TO TREAT A MINOR: In case an emergency room or hospital. It is under undersigned prior to the rendering of any treparent and/or guardian cannot be reached. To Section 25.8 of the Civil Code of California	erstood that an effor eatment, but that trea This authorization is g	shall be made to ment will not be wit	contact the the	
Parent or Legal Guardian	Da	te	_	
Emergency Phone Contact & Number:			_	