**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian/Student Agreement, Permission and Release**

The staff of the Charlotte-Mecklenburg Schools CTE Work-Based Learning Program and all community sponsors will make every effort possible to ensure the health, safety and welfare of participants in the Work-Based Learning program. Despite all efforts and precautions, it mus be anticipated that an emergency, illness or injury may affect students participating in the program.

I the undersigned parent(s) or guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant permission for his/her participation in the Charlotte-Mecklenburg Schools Work-Based Learning Program with the following terms:

1. That neither the Charlotte-Mecklenburg Schools, nor the CTE Work-Based Learning Program, nor its employees, nor any party, community organization nor agency collaborating with the work-based program is liable for accidents, injuries or illnesses occurring during the course of the work-based learning group program. I, the undersigned, agree to accept full financial responsibility for any accident, injury or illness during said activities. I acknowledge the student identified above is physically able to participate in the work-based learning program and has no current or past injuries, conditions or illnesses which would prevent him/her from participation. In case of accident, injury or illness, I give my consent for the student identified to be taken to a physician or to a hospital emergency room for treatment.
2. Sponsors of the work-based learning group program are official designees of the Charlotte-Mecklenburg Schools and students in said activities are subject to the supervision of any and all sponsors. I understand that all students are expected to conform to the *Charlotte-Mecklenburg Schools Student Rights, Responsibilities & Character Development Handbook* and policies of the sponsoring agency.
3. Parents/Guardians will be notified in the event of any accident, illness or breach of conduct which threatens to terminate the student’s participation in the activity.
4. I understand transportation is not provided by the school system. I will ensure that reliable transportation is provided to and from the work-based learning group location. Work-Based Learning Groups will be scheduled **after** the conclusion of a student's daily class schedule.
5. I understand that submitting an application does not guarantee participation in a work-based learning group.
6. I understand that students participating in the Work-Based Learning group program will not receive a grade and credit.
7. I understand checking the text box on the application gives approval for the use of text messaging as a means of communication between the student and their chaperone.

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian/Student Agreement, Permission and Release**

**Page 2**

1. I grant Charlotte-Mecklenburg Schools the unlimited right to use and/or reproduce photographs\*, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Charlotte-Mecklenburg Schools. I also agree to allow my child to be interviewed and/or photographed\* by representatives of the external news media and CMS Communications in relation to any and all coverage of Charlotte-Mecklenburg Schools in which he/she is involved. I also agree to allow my child’s work and/or photograph\* to be published on the Charlotte-Mecklenburg Schools website/Intranet Web pages and in CMS publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).
2. We have read and understand the above CTE Work-Based Learning Program Guidelines and agree to abide by the above conditions.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian’s Signature Student’s Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Parent/Guardian’s Name Relationship to Student**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian’s Employer Parent/Guardian’s Work Address**

**(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian’s Work Telephone No. Parent/Guardian’s Mobile Telephone No.**

In the event that a parent/guardian cannot be reached in an emergency, please list an alternate contact

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Emergency Contact Relationship to Student Emergency Contact’s Telephone No.**

*In compliance with federal law, Charlotte-Mecklenburg Schools administers all education programs, employment activities and admissions*

*without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.*