PROGRAM: **Jasper County Conservation Board Job Shadowing**

NAME (Print name of Participant): _____
                                                    (Last)   (First)

DATE OF SHADOWING _____

STREET ADDRESS: _____

CITY & ZIP: _____

HOME PHONE: (   ) _____

ACKNOWLEDGEMENT OF RISK AND RELEASE OF CLAIMS

Please read this form carefully and be aware that in registering your child for participation in job shadowing with the Jasper County Conservation Board, you will be waiving and releasing all claims for injuries your child might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury occurring during my child's participation in job shadowing with the Jasper County Conservation Board and I agree to assume the full risk of any such injuries, damage or loss regardless of severity which my child may sustain as a result of participating in any activities connected or associated with any such participation. I waive and relinquish all claims my child may have against The Jasper County Conservation Board and its officers, agents, volunteers, and employees as a result of my child's participation in job shadowing with the Jasper County Conservation Board. I hereby fully release and discharge The Jasper County Conservation Board and its officers, agents, volunteers, and employees from any and all claims from injuries, damage, or loss which my child may have or which I may accrue to my child/ward in the above program(s). I further agree to indemnify and hold harmless and defend The Jasper County Conservation Board and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by my child and arising out of, connected with, or in any way associated with the activities job shadowing with the Jasper County Conservation Board.

I have read and fully understand the above program details and waiver and release of all claims.

_____
Signature of Parent or Guardian   Today's Date
(Print and Sign)