

Career Shadow Program Parent Permission Form

Date: _____

I, _____ am the _____

(Father, Mother, Legal Guardian)

of _____, a student at Holy Name High School in the
11th/12th Grade. _____

(please circle one)

Contact Number

I hereby grant permission for the above-named child to participate in Holy Name High School's Career Shadow Experience.

I understand that transportation is the responsibility of the student/ parent(s).

In consideration of the child being allowed to participate in the Career Shadow Program, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the shadow experience and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Holy Name High School, employees and volunteers from all claims judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the shadow experience including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in the Career Shadow Experience.

(Parent/ Guardian Signature)