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## Job Shadow: Release of Liability and Assumption of Risk

### Parent(s) or Guardian(s) if under 18 years of age:

We as the parent(s) and guardian(s), give permission for \_\_\_\_\_ to participate in a job shadow at the Greenville-Spartanburg International Airport ("District") on \_\_\_\_\_.

### In case of medical emergency contact:

Parent/guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Release of Liability and Assumption of Risk

I, being the below signed student, parent, or guardian, as applicable, understand that the purpose of this program is to provide students an on-site opportunity to experience a prospective occupational setting, to learn from working professionals the qualifying factors to enter, progress and derive satisfaction from their prospective career.

Occupational settings may present the risk of physical injury or loss of property. I freely assume all such risks both known and unknown, even if arising from the negligence of those persons released from liability below and assume full responsibility for participation in this program.

I hereby release and hold harmless the Greenville-Spartanburg International Airport ("District"), it's commissioners, officers, employees and agents (the releasees"), with respect to any and all injury, disability, death or loss of damage to person or property, whether caused by the negligence of the releasees or otherwise, except that which is the result of the releasees gross negligence or unlawful conduct.

I have read the Release of Liability and Assumption of Risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily without inducement.

\_\_\_\_\_  
Student signature (Parent/guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date