

## Appendix B

### Parent/Guardian Internship Participation Release

**Student Full Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Attendance, GPA, Teacher Reference, Medical & Accommodations Release**

I grant permission for the high school office to release information regarding my student's attendance, GPA, Teacher Reference, and possible accommodations to Workplace Learning Connection. I understand that some accommodations cannot be met. I have reviewed this student's application and understand that this information, and references, may be shared with potential internship business participants. I understand that this information is required for application to and participation in the WLC Student Internship Program. I recognize that I can call my county internship coordinator if I feel that important information is missing from this students' application.

\_\_\_ I AGREE to the above statement.

\_\_\_ I DO NOT AGREE to the above statement.

**Parent/Guardian Signature:** \_\_\_\_\_

**Media/Marketing Release**

The undersigned hereby gives permission and authorization to Kirkwood Community College and its designees, agents and applicable media vendors to use and reproduce any still photographs, video tape or any other media forms that include the name or likeness of the participating student, and use or reproduce any recording or other media form that includes the student's voice, in any approved Kirkwood Community College publication, Web site, pod cast, audio recording, promotional materials, video medium (including but not limited to video clips) or any other medium.

The undersigned further agrees that Kirkwood Community College is authorized and permitted to provide such media forms of the student's name, likeness or voice to Kirkwood Community College Foundation for any approved Foundation media use as described above.

The undersigned releases and hold harmless Kirkwood Community College, Kirkwood Community College Foundation and their designees, agents and applicable media vendors from any and all claims of libel, slander, invasion of the right of privacy or publicity, or any other claim based on the use of the student's name, likeness or voice, and any and all damages, costs and expenses that may directly or indirectly arise from the use of the student's name, likeness or voice.

**WLC may need to text you on occasion to communicate information exclusively regarding your student's internship. If you prefer to not receive text messages, please call our office at 319-398-1040 to opt out of this.**

\_\_\_ I ALLOW my child's image or name to be included in media or marketing pieces.

\_\_\_ I DO NOT ALLOW my child's image or name to be included in media or marketing pieces.

**Parent/Guardian Signature:** \_\_\_\_\_

**Participation Release**

I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child. I authorize the release of my child from their school to attend their internship and career development meetings, and any potential elective job shadows that may be scheduled as a result of their participation in the Workplace Learning Connection internship program.

I recognize that work-based learning opportunities of this nature have a risk of lost or stolen property, injury or even death during transportation to, from, onsite and during the activities. I, on behalf of the child and for myself, waive any and all claims of liability arising from the child's participation in this opportunity, including claims against the following parties (and their employees, contractors and volunteers): Kirkwood Community College, The Workplace Learning Connection, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.

I agree to defend, hold harmless, and indemnify Kirkwood Community College, Workplace Learning Connection, the school and school district that the child attends, and the employer who hosted the students(s) (and their employees, contractors and volunteers) from and against any and all claims of liability that derive from claims that I or my child make against any other party arising from this work-site opportunity.

\_\_\_ I have reviewed this application, and APPROVE this internship application.

\_\_\_ I have reviewed this application, and DO NOT APPROVE this internship application.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Best way to reach you:** \_\_\_\_\_