

ADMINISTRATION OFFICE
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STUDENT INTERNSHIP WAIVER AND RELEASE

I am the parent/legal guardian of _____ (“Student”).
By signing and returning this form, I give my permission for Student to participate in an internship with _____ (Organization/Business Name)
during the _____ school year (“the Internship”).

I understand that Student may be placed in a variety of situations during the Internship, including but not limited to situations that take place at the Organization/Business workplace, and that Student will be responsible for arranging for travel to and from the Crater High School campus in order to participate in the Internship. I understand that in connection with such travel, Student may be driving or being transported in a vehicle not owned or controlled by the Central Point School District (“the District”) and not driven by District personnel. I hereby give my permission for Student to travel for purposes of the Internship using the following means of transportation:

Initial all that apply:

- Student may travel with another Crater High School student that is interning at the same Organization/Business. _____
- Student will drive a private vehicle to the Internship but may not transport other Crater High School students. _____
- Student will drive a private vehicle and may transport other Crater High School Students that are interning at the same Organization/Business where Student is interning, provided The parents/guardians of any such other students have given written consent. _____

I agree to release, indemnify and hold the District free and harmless from and against any liability, including but not limited to property damage, bodily injury, or personal injury, up to and including death, arising out of or relating to (i) Student’s participation in the Internship; (ii) if I have given consent above for Student to drive a private vehicle, the acts, or failure to act, of Student while Student is transporting to and from the Internship; and (iii) if I have given consent above for Student to be transported by another student, the acts, or failure to act, of such other student in transporting to and from the Internship.

If Student is going to be driving, I acknowledge and agree that I have, and will continue to maintain so long as Student is driving, at least the minimum liability insurance as required by Oregon law on the vehicle being driven and that Student is a named insured. The insurance is written with the following company:

NAME OF INSURANCE COMPANY

POLICY NUMBER

I agree and understand that the insurance on the vehicle is primary and that I will be solely responsible for any physical damage, repairs, and maintenance (including fuel costs) to said vehicle. I acknowledge that the District and Crater High School do not provide medical or liability insurance applicable to this transportation, and that any accidents, injuries or medical problems are strictly the responsibility of myself and/or Student.

I understand that Student's driving privileges to the Internship may be suspended for not following and obeying traffic laws or proper and safe driving behaviors.

PARENT/GUARDIAN

SIGNATURE

DATE

As a student driver I will follow the ODMV laws - For first six months you cannot drive with a passenger younger than 20 unless it is a member of the your immediate family - **For the second six months** you may not drive with more than three passengers who are younger than 20 who are not members of your immediate family.

DATE OF ODMV LICENSE

STUDENT DRIVER

SIGNATURE

DATE

.....CHARACTER MATTERS.....