



Parent Guardian Agreement

1. Reinforce professionalism, attendance, dress, communications and work habits with the intern.
2. Encourage and reinforce the opportunities and experiences gained through practical learning experiences.
3. Maintain communication with the school counselor if any problems with internship, not the employer. If homeschooled, please maintain communication with the Chamber, not employer.
4. Notify the school counselor of any health concerns. If homeschooled, please notify the Chamber.
5. Read and understand the Student Agreement signed by the student and agree to be supportive of the shadowing process.
6. Release the El Dorado Chamber of Commerce, it's officers, directors, elected officials, appointed officials, employees, agents, attorneys, insurance carriers and pools ("releases), and waive any rights against said organization or any above-mentioned party for any physical injury or death to my child or damages to personal property, whether caused by releasees' negligence or otherwise, while participating in the program of the El Dorado Chamber of Commerce.
7. Release El Dorado School District, USD 490, it's officers, directors, elected officials, appointed officials, employees, agents, attorneys, insurance carriers and pools ("releases), and waive any rights against said organization or any above-mentioned party for any physical injury or death to my child or damages to personal property, whether caused by releasees' negligence or otherwise, while participating in the program of the El Dorado Chamber of Commerce.
8. Understand the employer will not be responsible for workers compensation if the student is injured while working during the shadow.
9. Acknowledge that because this is practical learning experience, the student will not be eligible for unemployment compensation while participating in the shadowing program.
10. Understand that for the purposes of program improvement, information about the student's experiences will be gathered and recorded. All personal information will be kept confidential.

Parent Signature _____

Please Print Name _____ Date _____