COVID-19 NOTICE AND WAIVER TO ALL WORK-BASED LEARNING PARTICIPANTS AND BUSINESS PARTNERS

I agree that _____ (student name) has my permission to participate in the TBAISD Career & Technical Education (CTE) Work-Based Learning (WBL) program which will take place at

_____ (Place of Employment).

Student, Employer, and parent/guardian agree to follow TBAISD CTC Work-Based Learning expectations as well as the local district handbook expectations.

I agree that participation in the above noted activity is voluntary, and I have knowledge of and assume all risks for the activity including exposure to communicable diseases, including COVID19.

I certify that I understand current COVID19 risks and symptoms and current CDC guidelines – social distancing, wearing a mask, and washing hands often.

I certify that my child has not had any symptoms of COVID19/coronavirus nor been exposed to anyone who has had such symptoms or diagnosis in the last 14 days.

I agree to notify the school district of any changes and I will NOT send my child to the activity if any symptoms develop or with notice of an exposure to COVID19 until my child has been medically cleared.

Signature of Parent or Guardian: _____ Date: _____

Student Signature: _____ Date: _____

Employer/supervisor: _____ Date: _____

Placement Coordinator Signature: _____ Date: _____

Revised September 23, 2020