



DIRECTIONS FOR SCHOOL COUNSELORS
Permission forms must be scanned and emailed to alamagna@vtworksforwomen.org before 11/09/2018 -OR- brought to the event for students to participate in Career Challenge Day

CAREER CHALLENGE DAY

Randolph Technical Career Center
Thursday, November 15th, 2018

REGISTRATION IS FIRST COME, FIRST SERVED
STUDENTS MUST RETURN THIS FORM TO YOUR SCHOOL COUNSELOR BY
FRIDAY, NOVEMBER 9TH

Name: _____ D.O.B: _____ Grade: _____ School: _____

WORKSHOP CHOICES

You will attend 4 workshops during the day. Please indicate your top FOUR WORKSHOPS in which you want to participate:

- Advanced Manufacturing Diesel Technology
Automotive Technology Digital Film Making
Construction Trades & Mgt Diversified Agriculture
Criminal Justice & Public Safety Environmental Resource Management

PARENT/GUARDIAN PERMISSION

Does the student have any dietary restrictions?

Does the student have health concerns that staff should be aware of, including allergies (needing an epi pen), physical accommodations, etc.?

My child _____ (print name) has my permission to attend the Career Challenge Day at Randolph Technical Career Center on Thursday, November 15th, 2018. I understand that the school will provide transportation to and from RTCC, and that they will be at RTCC for the entire school day. Light breakfast and lunch will be provided.

- I give permission for their photo (video and still) to be used for publicity purposes by Randolph Technical Career Center and Vermont Works for Women
Vermont Works for Women and Randolph Technical Career Center have permission to use my child's/ward's photographic image (video and still) for publicity purposes.
I understand that RTCC and VWW staff reserve the right to deny participation to anyone whom they judge to be an undue risk to herself or others.
I understand that Career Challenge Day is a smoke-free event. I understand that my child/ward will not be allowed to smoke at or around event activities.
I, for myself, my family members, my heirs, my assigns, and any other person acting on my behalf, hereby release and forever discharge Vermont Works for Women, its employees, volunteers, directors, and agents from any and all liability, action, cause of action, and claim or for any injury, loss, or damage that may arise out of my participation in Vermont Works for Women programs. This release specifically includes, but is not limited to, any claim for negligence or gross negligence by Vermont Works for Women, its employees, volunteers, directors, or agents.
I agree to indemnify and hold harmless Vermont Works for Women, its employees, volunteers, directors, and agents from any and all liability, costs, expenses, or damages, including the costs of defense, attorney's fees, and expenses in connection with my participation in the program, as well as all costs or attorney's fees incurred to enforce this agreement.
I agree that any dispute that may arise under this agreement shall be brought only in Vermont and shall be governed by and construed under the laws of the State of Vermont. If any portion of this agreement is found to be illegal, void, unenforceable, or against public policy, the remaining portions of the agreement shall not be affected and shall remain in full force and effect to the fullest extent permissible by law.

Signature of parent/guardian

Printed name of parent/guardian

Date

Parent/guardian daytime emergency phone number