

# Job Shadow Release of Liability and Permission Form



Job Shadow (JD) Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email Address (will only be used by TLPA) \_\_\_\_\_

Emergency Contact (not listed above) \_\_\_\_\_

Relationship to JD \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Additional Emergency Contact (optional) \_\_\_\_\_

Relationship to JD \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Please complete the following medical information and explain if necessary:**

**Do you or your child have any of the following?**

Food Allergies	Other Allergies	Diet Restrictions (e.g. diabetic, etc)
Asthma	Seizures	Heart Condition
Vision Impairment	Hearing Impairment	<input type="checkbox"/> Mobility Impairment
Any other medical concerns		

**Please provide details for all medical condition(s) checked above:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any behaviors/special needs the staff should be aware of:** \_\_\_\_\_

\_\_\_\_\_

**Please list any medications you or your child is taking:** \_\_\_\_\_

Is you or your child's Tetanus shot up to date? ☐ Yes ☐ No

Is you or your child's Measles, Mumps, Rubella up to date? ☐ Yes ☐ No

## Liability Release

**JOB SHADOWS AND PARENTS OF JOB SHADOWS UNDER THE AGE OF 18 SHOULD READ ALL OF THE FOLLOWING INFORMATION AND SIGN BELOW.**

**RELEASE OF LIABILITY:**

The undersigned acknowledges that all participation in the Living Planet Aquarium Job Shadow Program is a potentially dangerous activity involving RISK OF PERSONAL INJURY, PROPERTY DAMAGE, DEATH. Such risk may increase based upon any changes in the number of guests and volunteers, types of projects performed, and the weather conditions in general. In consideration for the Job Shadow Program with the Living Planet Aquarium permitting the named volunteer to participate in the Job Shadow Program, I hereby agree as follows:

1. The undersigned hereby RELEASES AND WAIVES any and all RIGHTS AND CLAIMS of any nature which said undersigned has or may have against THE LIVING PLANET AQUARIUM and its respective officers, employees, agents, volunteers, and representative there of hereinafter referred to as Releases, which in any way arises out of or is related to participation in the Living Planet Aquarium Job Shadow Program. This includes the Release and Waiver, without limitation for DAMAGE TO PROPERTY, OTHER LOSS OR DAMAGE, or PERSONAL INJURY OR DEATH the undersigned may suffer from any cause whatsoever related to participation in the Living Planet Aquarium Job Shadow Program.
2. The undersigned assumes FULL RESPONSIBILITY for any and ALL RISK OF ANY BODILY INJURY, PROPERTY DAMAGE, OR DEATH which the undersigned may suffer while participating in the Living Planet Aquarium Job Shadow Program, whether due to weather conditions and related condition, animals at the aquarium and/or participants or ANY other causes.
3. I further agree that I am solely responsible for payment of all costs resulting from rendering medical aid and ambulance service to the participant and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.
4. The undersigned agrees to DEFEND, INDEMNIFY AND HOLD RELEASES HARMLESS from any and all liability, damage, cost or expense (including but not limited to attorney and witness fees) which may be incurred or suffered by them on account of any claim for death, personal injury but not limited to attorney and witness fees) which may be incurred or suffered by them on account of any claim for death, personal injury, damage to property or any damage caused by the undersigned's participation in the Living Planet Aquarium Volunteer Job Shadow Program.

**Certification and Release:**

I certify that the health information provided to the Living Planet Aquarium is accurate to the best of my knowledge. I am aware that volunteering with the Living Planet Aquarium Volunteer Job Shadow Program may require vast levels of exertion. I know that job shadows may be required to lift fifty pounds, and work with animals that may at time be unpredictable. The Living Planet Aquarium encourages job shadows to have physical examinations by their physicians prior to job shadowing in the program.

This is to certify that I have read, understood and agrees TO THE TERMS OUTLINED IN THE ABOVE Release of Liability and Certification and Release.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**As the Parent/Guardian of job shadow participating I agree to the following The Living Planet Aquarium Job Shadow Policies and Procedures: (Please initial each line then sign and date the bottom)**

\_\_\_\_ I understand and acknowledge that participation in the job shadow program could pose a risk to me or my child. I discharge The Living Planet Aquarium and all officers, directors, employees, agents, and volunteers/interns of the organization, acting officially or otherwise, from any and all claims, demands, actions, or causes of action which in any way arise from my or my minor's participation in Job Shadows Programs with the Living Planet Aquarium.

\_\_\_\_ I give permission for my child or myself to be treated by a health provider, first aid response, health supervisor, &/or hospital in case of an emergency.

\_\_\_\_ I give permission for photographs and/or video to be taken of my child or myself while participating in any Job Shadows Programs. Any photographs or video taken will be used for publicity purposes only.

\_\_\_\_ I hereby certify that to the best of knowledge and belief my child or myself is in good health and able to participate in The Living Planet Aquarium Job Shadows Programs.

\_\_\_\_ I hereby certify that this form is complete and accurate to the best of my knowledge.