

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

I assume the responsibility for my safety during the Career Shadowing and Mentorship Program. If at any time I feel uncomfortable with an activity, I can exercise my right to withhold participation.

I understand that my participation the Career Shadowing and Mentorship Program will require unsupervised visits and appointments with my mentor and other local professionals. This experience may expose me to above normal risks. I have in place personal health insurance and am responsible for any medical expenses that may arise as a result of accidental injury during participation. I understand that transportation is not provided on behalf of this program. I assume responsibility for my own transportation. I am responsible for my own acts and for the safety and security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a private vehicle, I am entirely responsible for the safety of such transportation. I understand the Gilbert Chamber of Commerce and/or Foundation insurance does not cover any damage or injury suffered in the course of traveling in such a vehicle.

I release the Career Shadowing and Mentorship Program, the Gilbert Chamber of Commerce, the Gilbert Chamber Foundation, its staff members, Board and committee members, volunteers, and general members from all liability for any injury to me as a result of my participation in the event/program stated above. I understand that these terms shall serve as a release of liability for my heirs, executors, administrators and for all members of my family.

I understand and agree to the above terms and conditions.

Student Name

Student Signature

Date

Address

City

ZIP

If under the age of 18, the signature and contact information of a parent/guardian is required.

Parent/Guardian Name

Parent/Guardian Signature

Date

Address

City

ZIP

Parent/Guardian Email Address