

Crawford County Educator-in-the-Workplace Act 48 Program

LIABILITY RELEASE

The undersigned educator acknowledges acceptance of application for participation in the Crawford County Educator-in-the-Workplace Act 48 Program. I have executed an agreement for placement and am familiar with the terms contained therein. In addition, I have been provided with a list of participant applicant responsibilities in connection with the Crawford County Educator-in-the-Workplace IU Graduate Course. I agree to the terms and policies contained in the documents referenced and agree that I will assume and carry out any responsibilities assigned to me pursuant to those documents.

I understand that I will be participating in and Educator-in-the-Workplace experience on the premise of local business or industry as an educational experience. I recognize that the Conneaut, Crawford Central and PENNCREST School Districts, the Crawford County Area Vocational Technical School, the French Creek Valley Christian School, Calvary Baptist Christian Academy, Seton Catholic School and the Crawford County School-to-Work Local Partnership, as well as the local business or industry which is visited, will exert every effort to assure our safety. The possibility does exist that injury could occur on the business premises of the visited entity during the course of the Educator-in-the-Workplace experience. I, in consideration of being fully informed of our risks, or potential risks inherent in the Educator-in-the-Workplace experience, do hereby forever waive, release and discharge any and all damages, for death or personal injury, or property damage which I/we may have, or which may have, or which may subsequently occur as a consequence of injury as a result of participating in the Educator-in-the-Workplace experience.

This release is intended to discharge in advance the Crawford Central, Conneaut and PENNCREST School Districts, Crawford County Area Vocational Technical School, French Creek Valley Christian School, Calvary Baptist Christian Academy, Seton Catholic School and Crawford County School-to-Work Program, its officers, agents and employees, and the _____, its officers, agents or employees from and against any and all liability arising out of or connected in any way with my participation in the Crawford County Educator-in-the-Workplace IU Graduate Course.

I grant the Crawford County School-to-Work Partnership the right to use my photograph in any official publicity pieces. Publicity pieces include, but are not limited to, news releases, publications, videos and web use. I understand that I will receive no compensation for the use of my photograph.

Signature: _____ Date: _____