HMSA INTERNSHIP
RELEASE AND WAIVER

I am the parent or guardian of ________________________________, a minor, and on the minor’s behalf and on my behalf and on behalf of all other parents or guardians of the minor, I accept the release and waiver of liability at the top of this form as inducement for allowing my child to participate in the Work Based Learning: Internship curriculum. I understand that the Internship portion of the curriculum involves the above-named minor observing and participating in an activity away from the school site. I understand that the observation and activity will be lead by an adult who is not an Albemarle County Public Schools employee. I represent and warrant that I have the authority to give this release.

The undersigned agrees:

1. To waive the rights of myself and all other parents or guardians of the Minor, and of the Minor, to sue the School Board of Albemarle County, Virginia, its officers, directors, managers, employees, agents, successors, and assigns for any action arising from the Minor’s participation in the Work Based Learning: Internship curriculum; and

2. To assume on behalf of all other parents, guardians, and the Minor the risks set forth in this release associated with Work Based Learning; and

3. To hold harmless the School Board of Albemarle County, Virginia and its officers, directors, managers, employees, agents, successors, and assigns from any loss, claim, suit, or judgment, including, but not limited to, the costs of defending any such claims, including attorney’s fees resulting from any injury, death, loss, or damage sustained or claimed by the Minor or the Minor’s personal representative relating to any activities described in this Release and Waiver.

This agreement shall be governed by the laws of the Commonwealth of Virginia.

In the event that any portion of this Release shall be declared invalid, unenforceable, or void by a court of competent jurisdiction, the remaining provisions of this Release shall remain in full force and effect.

The undersigned represents that he or she has the authority to sign this release.

_________________________________  Date: ________________________
Parent or Guardian