



**Work-Based Learning Consent and Waiver of Liability Form**

I, \_\_\_\_\_ the undersigned, hereby acknowledge that I have been provided with the description of the work placement and I wish to participate in \_\_\_\_\_. (name of the course)

The term of this work placement will be from \_\_\_\_\_(date) to \_\_\_\_\_(date).

I hereby release the North East School Division and its employees, servants or agents from any and all liability for any injury that I suffer, or loss or damage to any personal property arising from, or in any way resulting from participation in activities related to the work placement, unless such injury, loss, or damage is caused by the sole negligence of the School Division or its employees, servants or agents while acting within the scope of their duties.

All students who are at an on-site location for the purpose of work experience (for programs in excess of one day) and who have been registered with Saskatchewan Ministry of Education are covered by Workers' Compensation for injury to themselves, for loss of salary (at a current part- or full-time job), and possibly for future loss of salary (dependent on the nature of the injury). The compensation to which a student is entitled, under the Act, takes the place of the right to sue the co-operating employer or fellow worker for damages. Similarly, if a student is responsible for injury to a fellow worker, Workers' Compensation takes the place of that worker's right to sue.

I consent to and understand the RULES AND REGULATIONS for this program as outlined by the Board of Education and the participating workplace that are designed for the safety and protection of participants, and I hereby undertake to abide by these rules and regulations.

I consent to and understand that certain activities require a minimum level of fitness and health (physical, mental, emotional) and that each person has a different capacity for participation in these activities. I also hereby warrant that any medication needs known by me are clearly indicated in writing on this form.

My medication needs for participating are: (if any) \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

I have read the information above and understand this information as it pertains to this work based learning program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date