



Release of All Claims



We (Student Applicant and Parent/Guardian) understand the Youth Apprenticeship Program is a rigorous, non-traditional learning experience which requires responsibility and dedication from all involved. We understand commitment from both the student and the parents/guardians is needed for the student to be successful in the YA program. We also understand transportation is required/necessary for the program and is not the responsibility of the Youth Apprenticeship program. We understand the YA student may be required to take classes at one of the following post-secondary institutions for their semesters of related instruction: Northeast Wisconsin Technical College (NWTC), Northcentral Technical College (NTC), UWGB-Marinette Campus or another post-secondary institution. I understand if my child takes a course through the CESA 8 Youth Apprenticeship program, there are funds available to the district to cover some of the costs. However, as the parent/guardian, we are responsible for paying for the cost of tuition, books and/or any other required course materials if applicable (i.e. badge/gait belt, state exam for CAN) above and beyond reimbursement by the YA program. I understand if my child fails their college course, we will be required to pay back the program/district for the cost of the course that was failed (D or lower). If my child quits the program without just cause/notice or is terminated due to poor work performance/behaviors (attendance issues, dishonesty, etc.), I understand they will lose any credits earned toward the program and will no longer be eligible for the program (individual decisions may also be made based on school district policies for students who are terminated or quit the program).

I certify the facts contained in this application are true and complete to the best of my knowledge and this applicant has not been adjudged delinquent for behavior that would constitute a violation of criminal law in an adult court. I agree to release a school transcript of grades and attendance records with this application. I understand, along with my child, I must attend the Student/Parent Information Meeting as determined by our local school district. Should my child be hired as a Youth Apprentice, we will attend the YA Signing Event as determined by our local school district, at which time we will complete the Education Training Agreement, the Student Self-Transportation Consent Agreement, and the Permission to Publish/Reproduce Images, Recordings and Interviews Agreement. The Student Applicant understands that before being hired by a company, s/he may be required to pass a physical examination which could include a screening for drug usage, and that a routine inquiry may be made which will provide information concerning previous employment and general reputation.

The CESA 8 Youth Apprenticeship Program shall not discriminate on the basis of race, religion, creed, political affiliation, physical, mental, emotional, or learning disabilities, handicap, sex, sexual orientation, age, national origin, citizenship, marital or parental status, ancestry, color, or any other reason prohibited by state or federal law.

Student Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

APPENDIX D

STUDENT SELF-TRANSPORTATION CONSENT AGREEMENT

(Please Print) Student Name: _____

Last

First

Middle Initial

Street Address: _____ City/State: _____

Date of Birth: _____ Telephone: _____

Name of Parent(s)/Legal Guardian(s): _____ Emergency Telephone #: _____

Auto Insurance Carrier: _____ Policy No: _____

The above student's local school district may authorize the self-transportation by students for reasons of convenience or safety, subject to the written permission of the student's parent(s) or legal guardian(s), and the student's agreement to meet the requirements detailed below:

Authorization: Any use of private vehicles for the transportation of any student for any reason must have prior written authorization from the Superintendent or his or her designee. Those providing unauthorized student transportation do so at their own expense and liability.

License: The student driver must provide a copy of a valid Wisconsin driver's license to the district prior to being authorized to drive for the district. Any loss or suspension of such license must be reported to the district immediately.

Insurance: The student driver must provide evidence of insurance to the district prior to being authorized to drive for the district. Such evidence of insurance must include liability coverage (desired minimum limits of \$100,000 per person, \$300,000 per accident).

Limitations to Student Use: Student authorization is limited to the direct transportation between the student's local high school, place of residence, and the student's approved YA employer. Any deviation between the three locations is not authorized and is done so at the parent's and student's own expense and liability. Student is not authorized to provide transportation to other students or to use any automobile on school errands.

I/We acknowledge that I/We have been informed as to the requirements for allowing my child to provide his/her own transportation by our local school district. I/We fully understand that it is my/our responsibility to provide the required insurance coverage for my child and ensure that my/our child abides by the above requirements. I/We represent that my/our child holds a valid Wisconsin driver's license, is covered by a valid auto insurance policy with the required liability coverage and is physically fit to drive a motor vehicle. Our child recognizes that he/she also has a responsibility for his/her safety and the safety of others. The school district will rely on these representations. I/We acknowledge my/our child must adhere to all the above requirements, and the rules and regulations of the State of Wisconsin Department of Transportation, and that failure to comply could rescind the district's approval of this activity. I/We consent to my/our child's participation in this activity. I/We fully understand that the Local school district does not provide any accident or health insurance coverage for my/our child while driving their own motor vehicle. I/We fully understand that it is my/our responsibility to provide insurance coverage for my child, if I/We so decide. I/We hereby waive, release and discharge the Local school district and CESA 8 YA program, their Administrators; Employees; Volunteers; or Agents from any and all liability for bodily injury, including death, disability, personal injury, property damage, property theft or any other cause of action resulting from my child's self-transportation. I/We hereby indemnify and hold harmless the Local school district and/or CESA 8 YA program, their Administrators; Employees; Volunteers; or Agents from any and all liabilities or claims made by other individuals or entities as a result of my child's conduct.

Parents/Legal Guardians or students who do not wish to accept the requirements of this activity as described in this consent form should not sign this permission and consent form and will be required to provide transportation to and from the job site for their student.

Signature: _____ Date: _____ Work Tel: _____
Parent/Legal Guardian

Signature: _____ Date: _____ Work Tel: _____
Parent/Legal Guardian

"I have read the foregoing and will abide by the requirements and regulations contained therein."

Signature: _____ Date: _____
Student

NOTE: THIS FORM MUST BE COMPLETED IN ALL DETAILS AND RETURNED TO THE DISTRICT BEFORE THE STUDENT WILL BE ALLOWED TO PROVIDE TRANSPORTATION IN THEIR OWN VEHICLE.

Superintendent or Designee Approval: _____ Date: _____

APPENDIX E



Department of Workforce Development

Permission to Publish/Reproduce Images, Recordings and Interviews

I, the undersigned, do hereby grant to the Wisconsin Department of Workforce Development ("DWD"), and all those acting under its permission or authority, the right and license to copyright, reproduce and/or publish at any time, in print, broadcast, electronic or other media, the photographic images, video and audio recordings, and/or interviews in which I appear, and to make derivative works of the images, recordings and interviews and use them for any such purposes. I acknowledge that the images, recordings and interviews are "works-made-for-hire" so that DWD owns all right, title and interest therein; provided, however, that if any of the images, recordings or interviews cannot be considered a "work-made-for-hire," I hereby assign, transfer and convey to DWD sole and exclusive ownership therein, in perpetuity and without geographic limitation, for use in any medium for any lawful purpose at any time. I waive any claim to financial remuneration for any such use. I also waive any right to inspect or approve the finished product.

I hereby release DWD, its legal representatives, and all persons acting under its permission or authority, from any liability relating to the use of the images, recordings and interviews described above, and also for any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images, recordings and interviews, or in any subsequent reproduction thereof, as well as any publication thereof.

Unless signed by a parent or guardian below, I declare that I am of legal age and have every right to contract in my own name in relation to this matter.

Name: _____

Address: _____

Phone: _____

Date: _____

Signature: _____

Approved: _____

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Signature of Parent or Legal Guardian
(If under 18)