

AREA COMMUNITY SERVICES EMPLOYMENT AND TRAINING COUNCIL (ACSET), on behalf of its West Michigan Works! division

YOUTH SUMMER WORK EXPERIENCE PERMISSION SLIP

WORSKITE EMPLOYER NAME:		
NAME OF WORKSITE FIELD TRIP:		
ADDRESS:		
DATE:		
TYPE OF TRANSPORTATION:	PROVIDED BY:	
PLEASE PRINT		
Participant Name:		Age:
Emergency contact name:		
Emergency phone number:		
Allergies/Medical info:		
of risk. I assume the risk of my partic I may have against ACSET, its office	dge that traveling any distance with the Wor cipation in the above-referenced event, and ers and employees, for personal injury suffo ion with transporting me to and from the e	I hereby waive any and all claims that ered by me, or damage to or loss of
damages, liabilities, and costs and exits officers and employees, may suffe	Id ACSET, and its officers and employees, had kpenses incurred including, but not limited to er as the result of an action or claim brought he event, or my participation therein.	, actual attorney's fees, that ACSET or
Signature:	Printed Name:	Date:

(OVER)

____ (Check if under 18) I represent that I am a parent or guardian of the above-named participant, and I hereby give my permission for my child to participate in the event described above, including permission for him/her to be transported to the event as described above.

I understand and acknowledge that traveling any distance with the Worksite Employer involves some degree of risk. I assume the risk of my child's participation in this event, and I hereby waive any and all claims that I may have against ACSET, its officers and employees, for personal injury suffered by my child, or damage to or loss of property, that may arise in connection with transporting my child to and from the event or my child's presence at the location thereof.

Further, I agree to indemnify and hold ACSET, and its officers and employees, harmless from any and all claims, losses, damages, liabilities, and costs and expenses incurred including, but not limited to, actual attorney's fees, that ACSET or its officers and employees, may suffer as the result of an action or claim brought against any of them by anyone arising from my child's transportation to or from above-referenced event, or his or her participation therein.

Signature of Parent or Legal Guardian:	Printed Name of Parent or Legal Guardian:	Date:

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