Alpine School District Work-Based Learning

**RIDE-A-LONG**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The internship may require transportation as part of the experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Initial |  | Student  Initial |  |  |
|  |  |  |  | I understand the intern may ride in a company vehicle and must observe all legal safety requirements, i.e., wearing of a seat belt, etc. |
|  |  |  |  | I understand that the student intern will not ride alone with a company employee of the business partnership, two or more employees or two or more interns must be present. |
|  |  |  |  | I understand that the intern will not drive a company vehicle. |
|  |  |  |  | I understand that the business partner will maintain at all times, on all vehicles, a current policy of automobile insurance meeting the State of Utah legal requirements. |
|  |  |  |  | I understand that the student intern is considered a volunteer employee of Alpine School District for worker’s compensation purposes. |

Parent or legal guardian, please indicate by checking one of the following choices:

⬜ I give permission for my child to “ride-a-long” in a company vehicle during the internship experience and agree to the conditions outlined above. I waive any claims against Alpine School District arising from my or my student’s failure to comply with any of the aforementioned requirements.

⬜ I do NOT give permission for my child to “ride-a-long” in a company vehicle during the internship experience.

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I will abide by all safety requirements that pertain to my riding in a company vehicle, i.e., wear a safety belt, not put myself in dangerous situations, etc. and agree to abide by all other conditions outlined above.

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I will maintain a policy of automobile liability insurance required by the laws of the State of Utah for all company vehicles and agree to abide by all other conditions outlined above.

**Business Partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**