



# Arrupe Jesuit High School Student Shadow Day Consent Form

The purpose of a Shadow Day is for interested 8<sup>th</sup> grade students to visit Arrupe Jesuit High School and experience a day as an Arrupe student. Shadows will be paired with current Arrupe students and attend class with them. Lunch will be provided for our shadows. By the end of the day, the shadow will have a well understanding of what a day at Arrupe is like, what it takes to be an Arrupe student and a brief explanation about our Corporate Work Study Program.

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

Date: \_\_\_\_\_

Current School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

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I understand and acknowledge that participation in the Student Shadow Day involves inherent risks of injury to my child. I authorize the Designated Supervisor (s) of Arrupe Jesuit High School to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Student Shadow Day will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Student Shadow Day are not covered by any insurance program maintained by Arrupe Jesuit High School, and that I am primarily responsible for such expenses.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (child).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above-named school, its officers, directors and agents, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I hereby consent to my child's participation in the Student Shadow Day. I have carefully read this Student Shadow Day Authorization, and I understand and agree to each of the covenants and conditions set forth above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Parent or Guardian