STUDENT FORMS TO RETURN

Sign and return the following forms (enclosed) to Trina Clemans at trina_clemans@collegiate-vu.org.

DUE within one week of Placement Notification. Placement notifications will be sent to students Feb. 24-28
(1) Commitment Form

DUE Friday, April 10:
(2) Emergency Contact Information Form
(3) Photography and Social Media Permission
(4) Guidelines and Policies Form
(5) Trailblaze Parent Permission and Release Form

Questions? Please contact Trina Clemans, Collegiate Trailblaze Student & Family Contact, at trina_clemans@collegiate-vu.org or 804.512.1739.
(1) COMMITMENT FORM  Return to Trina Clemans within one week of placement notification.

Date of Placement Notification: ____________________________________________

PLEASE CHECK APPROPRIATE BOX:

☐ I accept my mentor placement and confirm my commitment to participate in the 2020 TRAILBLAZE Program.

  I understand that attendance is mandatory at the orientation on Monday, June 1, from 1-2:30 p.m. in the Craigie Board Room, Sharp Academic Commons at Collegiate School.

  I understand that attendance is mandatory during the two weeks of Trailblaze program beginning Monday, June 8, and ending Friday, June 19.

  I understand that there are journaling assignments.

  I understand the work hours of program will be assigned by my organization mentor.

☐ I will not be participating in the 2020 TRAILBLAZE Program.

PARENT/LEGAL GUARDIAN PRINTED NAME

STUDENT PRINTED NAME

PARENT/LEGAL GUARDIAN SIGNATURE  DATE

STUDENT SIGNATURE  DATE

Questions? Please contact Trina Clemans, Collegiate Trailblaze Student & Family Contact, at trina_clemans@collegiate-va.org or 804.512.1739.
## (2) EMERGENCY CONTACT INFORMATION

*Return to Trina Clemans by April 10.*

This information will be shared with mentor and his or her company in case of emergency.

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<tr>
<th>PARTICIPANT NAME</th>
<th>PARTICIPANT AGE AS OF JUNE 8, 2020</th>
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<th>PARTICIPANT ADDRESSS</th>
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<tr>
<th>PARENT/LEGAL GUARDIAN NO. 1 CONTACT NAME AND PHONE NUMBER</th>
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<th>PARENT/LEGAL GUARDIAN NO. 2 CONTACT NAME AND PHONE NUMBER</th>
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Medical Emergency Information: any allergies or medical situations mentors and organizations need to be aware of for the participant:

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(3) PHOTOGRAPHY AND SOCIAL MEDIA PERMISSION FORM  Return to Trina Clemans by April 10.

Collegiate School’s ability to portray its program accurately and vibrantly depends on families’ support of the School’s use of images of students and the students’ work. Therefore, by signing below, I hereby authorize without limitation the School, its successors and assigns, and those acting with its permission and upon its authority, to use the student’s name, photographic image (including portrait, picture, video or other reproductions), audio recordings of the student’s voice, video recordings of the student and likeness, written or in electronic format, and/or reproductions of the student’s work (collectively referred to herein as “Student Media Information”) in publications, marketing and promotional materials, website, press releases and/or advertising media.

I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the Student Media Information appears. I also acknowledge the School’s right to crop or alter any photographic image of the student at its discretion.

I shall not be entitled to receive any compensation for such use and hereby release the School, its affiliates, successors and assigns, and those acting with its permission and upon its authority, from any liability, responsibility or claim that may arise by reason of any exercise of the authority granted above.

If I do not consent to such use, I agree to notify Collegiate School’s Director of Communications in writing prior to April 10, 2020. Media release permission is not shared with other students or parents and does not ensure Student Media Information will not appear, if published by a student, parent or other individual, or in student-run publications or student-run social media sites.

While the School strives to abide by parent/guardian wishes, it does not guarantee incidental uses of a student’s name or image will never occur.

PARENT/LEGAL GUARDIAN PRINTED NAME

STUDENT PRINTED NAME

PARENT/GUARDIAN SIGNATURE    DATE

STUDENT SIGNATURE    DATE

Questions? Please contact Trina Clemans, Collegiate Trailblaze Student & Family Contact, at trina_clemans@collegiate-va.org or 804.512.1739.
(4) GUIDELINES AND POLICIES FORM Return to Trina Clemans by April 10.

Trailblaze is designed to be an invaluable resource to students as part of the career exploration, planning and development process. Collegiate alumni serving as Trailblaze mentors will draw upon their own experiences and perspective in discussing career topics with students. Mentors and mentees agree to make a good-faith effort to engage in a professional manner during the job shadow week.

As a Trailblaze mentee I will:
1. Engage with the program’s resources with professionalism and ethical standards reflecting those of Collegiate and agree:
   A. Information gained during the mentoring session will be kept confidential.
   B. Personal data shared for program will be secure and only used for Trailblaze.
2. I will notify Collegiate School immediately if my level of involvement must change. If at any point, I am no longer able to participate in the program, I will notify Trina Clemans at Collegiate School via trina_clemans@collegiate-va.org or 804.512.1739.

General Requirements
1. Students must obtain parental permission to participate in Trailblaze by returning the signed Trailblaze Parent Permission and Release Form included in the student information packet.
2. Students who hold regular jobs, have commitments to sports teams or other obligations outside of school are responsible for notifying organizations of their full commitment to the Trailblaze program the weeks of June 8-19, 2020.
3. Students may not receive pay of any kind or tips for their work during Trailblaze.
4. Although students leave campus for their Trailblaze experience, students remain fully subject to the disciplinary rules of Collegiate School while participating in this program.
5. Students are expected to arrive to their assigned located on time, dressed appropriately as briefed during information session and prepared to fully engage in the Trailblaze program.
6. Cell phones and technology will be used responsibly and with respect to any parameters requested by mentor.
7. Students and their parents have reviewed, signed and agreed to adhere to any agreements requested by mentors and their companies.

Trailblaze Points of Contact
1. Collegiate alumni serving as Trailblaze mentors organize student’s daily activities and are the main point of contact at the assigned company during the job shadowing program.
2. Trina Clemans is the Collegiate contact during Trailblaze: trina_clemans@collegiate-va.org or 804.512.1739.

ACKNOWLEDGEMENT OF RECEIPT
I acknowledge that I have read the Trailblaze Student Guidelines and Policies and that I will comply with the terms outlined therein. I understand the importance of adhering to all expectations and know that there will be consequences for failing to represent Collegiate in a manner consistent with Student Handbook Guidelines.

PARENT/LEGAL GUARDIAN SIGNATURE ___________________________ DATE ______________

STUDENT SIGNATURE ___________________________ DATE ______________

103 N. Mooreland Road I Richmond, Virginia 23229
(5) PARENT PERMISSION AND RELEASE FORM

Your child applied and has been selected to participate in the Trailblaze program, a two-week job shadowing program for rising seniors that strives to create meaningful experiences for each participant. Your child will not be permitted to participate in the Trailblaze program unless this Trailblaze Parent Permission and Release Form (the “Form”) is signed. This Form must be signed by the parents and/or legal guardians of the students participating in the Trailblaze program as well as all student participants 18 years old or over.

I. PARENTAL PERMISSION AND CONSENT TO PARTICIPATE

As the parent(s) and/or legal guardian(s) (the “Parents”) of (please write your child’s full name) ___________________________(the “Student”), I (we) have given permission and consent to participate in the Trailblaze program and all associated activities and travel (all collectively referred to herein as “Trailblaze”):

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Questions? Please contact Trina Clemans, Collegiate Trailblaze Student & Family Contact, at trina_clemans@collegiate-va.org or 804.512.1739.

103 N. Mooreland Road I Richmond, Virginia 23229
I further acknowledge that the School is not responsible for the Student’s safety while at the Trailblaze program location. I am responsible for assessing the safety and security of the program location. Before signing this Form, I had the opportunity to review information about the program location.

I am fully aware of the Student’s choice to participate in the Trailblaze program, and acknowledge that the Student must work the equivalent of 10 8-hour days for two (2) weeks from June 8-19, under the supervision of the Mentor named Trailblaze Mentor(s). I acknowledge that the Student will not be under the supervision of any School faculty while participating in this Program. I further acknowledge that the Student may be and will be, at times, operating independently of any responsible adult, and is fully responsible for making his or her independent decisions and choices.

By signing this Form, I acknowledge that I have read and understand all of the information received about Trailblaze from the Student [and the School] and have had the opportunity to ask questions and obtain whatever information required to fully inform myself about the Program.

My permission for the Student to participate in the project is based upon my belief that the Student has the maturity and self-confidence to be able to respond appropriately to any challenges that the Student may encounter while completing Trailblaze and participate in Trailblaze without causing harm to himself/herself or others.

II. PARENTAL RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

In consideration of the Student being permitted to participate in Trailblaze, I agree, on my own behalf and that of the Student, to forever release, acquit, discharge, covenant to hold harmless and covenant not to sue the School, its trustees, administrators, employees, representatives, agents, volunteers, all related to or associated with the School and all other individuals and organizations assisting or participating in the Program (all collectively referred to herein as the “Releasees”), from any and all claims, suits, liabilities, actions and causes of action which I or the Student or our heirs, legal representatives, successors and assigns may have, now or in the future, which arise directly or indirectly out of the Student’s participation in Trailblaze, including but not limited to any losses or damages to the extent permitted by law.

I hereby also agree, on my own behalf and on behalf of the Student, to indemnify the Releasees from and against any and all claims, suits, actions, causes of action and liabilities, including attorneys’ fees, by any person (including without limitation the Student) resulting directly or indirectly from the Student’s participation in Trailblaze, including but not limited to property losses or damages directly or indirectly caused by the Student, to the extent permitted by law.

The release and indemnity provisions contained above include any property loss or damage, or other loss caused or alleged to be caused, in whole or in part, by the ordinarily negligence (but not gross negligence) of the Releasees.

Questions? Please contact Trina Clemans, Collegiate Trailblaze Student & Family Contact, at trina_clemans@collegiate-va.org or 804.512.1739.
III. PARENTS’ FINANCIAL RESPONSIBILITY AND WARRANTY OF INSURANCE
I understand and agree that I am solely and fully responsible for any costs and expenses that may incur for the Student’s participation in the Program, including but not limited to costs of transportation for the Student. I understand that the School reserves the right to cancel the Student’s participation in Trailblaze, for any reason deemed appropriate by the School. Should the School cancel the Student’s participation in Trailblaze after any costs or expenses have been paid by me, I understand and recognize that the Releasees are under no obligation to provide reimbursement of any amounts paid by me in connection with the Student’s participation in the Program. I agree to forever release, acquit, discharge, covenant to hold harmless and covenant not to sue the Releasees for any financial losses which I or the Student may incur in connection with any cancellation of the Student’s participation in Trailblaze.

IV. CONCLUSION
I, the undersigned, do hereby solemnly swear that I have the legal custody of the Student. I have carefully read this Form in its entirety and I have satisfied myself that I understand what it means. I hereby expressly agree that the provisions contained in this Form are intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that if any portion hereof is held invalid or unenforceable, I agree that the balance shall continue in full legal force and effect. By signing this Form, I affirm that I have decided to allow the Student to participate in Trailblaze with full knowledge that the Releasees will not be liable to anyone for any property damage, financial damage or other loss the Student may suffer that arises directly or indirectly from the Student’s participation in the Program.

I acknowledge that I have read the Trailblaze Parent Permission and Release Form, and that I will comply with the terms outlined therein. I understand the importance of adhering to all expectations and know that there will be consequences for failing to represent Collegiate in a manner consistent with the terms and expectations of The Form and Student Handbook Guidelines.