


Work Experience Policy

Policy Name:	Work Experience Policy
Policy No.:	05-010-016
Effective Date:	December 13, 2019
Supersedes Policy No.:	290, Section 200
Approver:	County Manager
Signature:	

Purpose

The purpose of this policy is to establish a consistent policy to provide work experience opportunities for students enrolled in high school and post-secondary programs.

Guidelines

1. Guidelines for Lac Ste. Anne County's Work Experience Program

- 1.1. Each qualifying student that applies to a work experience program within Lac Ste. Anne County shall be granted approval, subject to the approval of the County Manager and the applicable department head. This is dependant on the work experience program neither conflicting nor interfering with the efficient operation of the applicable department.
- 1.2. Each approved work experience student shall be responsible to provide all required personal protective equipment (P.P.E.) not normally provided by Lac Ste. Anne County.
- 1.3. The work experience participant, and if required, the parent/guardian of the work experience participant, is required to complete a standard "Release of Liability" form, provided by the County.

I understand that safety will be a priority within the work experience program provided by Lac Ste. Anne County, however I recognize the risk of injury from participating in this program, and I hereby voluntarily assume that risk. I do further release Lac Ste. Anne County, its staff members, volunteers, and Council from all liability for any injury incurred by me, except those caused by negligence or otherwise, and agree to seek no legal recourse against Lac Ste. Anne County, its staff members, volunteers and Council, in the event of such injury.

I agree and accept that I am responsible to provide all personal protective equipment required for myself that Lac Ste. Anne County does not normally provide.

- I am:** Under the age of 18 years
- Of the full age of 18 years, have read and understood this release prior to signing it, and agree that this release shall be binding upon myself, my heirs, next of kind, executors, administrators, and personal representatives

_____ <i>Signature of Participant</i>	_____ <i>Name of Participant (please print)</i>	_____ <i>Date</i>
<hr/>		
_____ <i>Signature of Witness</i>	_____ <i>Name of Witness (please print)</i>	_____ <i>Date</i>

For each participant under the age of 18 years, the following must be completed by his/her parent or guardian.

- I as the parent/guardian of the participant named herein hereby declare that I have read, understood, and agree to the contents of this Release of Liability form in its entirety.
- I as the parent/guardian of the participant named herein hereby agree to assume full responsibility to instruct my child to the risks involved.

Signed this _____ day of _____, 20 _____

_____ <i>Signature of Parent/Guardian</i>	_____ <i>Name of Parent/Guardian (please print)</i>	_____ <i>Date</i>
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