CAREER EXPLORATION RELEASE AND WAIVER

I _____ [please print participant name] intend to participate in a career exploration experience on _____ [please print date(s)] provided by the Ohio Department of Health ("ODH"). I understand that ODH has made this opportunity available because it desires to provide educational experiences to students in the State of Ohio and I acknowledge that my participation is voluntary.

I understand and acknowledge that I am not an employee, contractor or volunteer of ODH. I understand and acknowledge that no monetary compensation, benefit, or other consideration will be paid to me by ODH for any time I spend at ODH or for any effort or assistance I provide during my job shadowing experience. As a career exploration participant, I agree to respect and follow all of the rules, regulations, and policies that apply to ODH.

I for myself, my personal representatives, heirs, assigns and all others who might have a similar claim, waive, release and forever discharge any and all rights, claims and liabilities against ODH, its administrators, agents, or representatives which may arise now or in the future because of my participation in any ODH career exploration experience. I understand and acknowledge that this release and waiver includes, but is not limited to, any claims of bodily injury and property damage, whether sustained before, during or after my participation in the career exploration program.

I HAVE READ, UNDERSTAND, AND FULLY ACCEPT THE TERMS OF THIS RELEASE AND WAIVER.

_____ _____ _____
Participant Signature Date Age

_____ _____
*Parent's/Legal Guardian's Signature Date

_____
Parent's/Legal Guardian's Print Name
*** Required prior to participation for any participant under 18 years of age.**

_____ _____
Supervisor Signature Date

_____ _____
Chief, Employee Services Date

By signing above, a supervisor is agreeing only that a participant may complete a career exploration opportunity in his/her area. A supervisor's signature does not bind the supervisor or ODH to any conditions, terms or covenants.

NOTE: Please attach the Public Health Intern Reference Form and Contingent Worker ID Request Form