



## Permission to Participate in Research/Internship Class

The research/Internship class is offered to juniors who are participants in Dorman’s STEM program. This class enables qualified students to study, research and apply the knowledge and skills obtained through STEM’s rigorous curriculum. Internship students will be able to work closely with professionals in a field relating to the students’ chosen areas of interest. Much of the course will involve the student leaving the Dorman campus and working with a mentor at the location of a participating partner’s internship, firm, lab, or place of business. Students participating in the internship class will receive academic grades and credit related to their experiences and on their work students submit to their DHS mentor online. Parents or legal guardians are responsible for arranging transportation for the student to and from all off-campus activities related to this course. In addition, the State Department of Education requires students participating in this type of program be covered by accident insurance.

### Permission

I hereby give consent for my son/daughter, \_\_\_\_\_, to participate in all Research/ Internship class activities including, but not limited to, off-campus participation at an internship partner’s firm, lab, institution, or place of business for the 2014-2015 school year. I assume responsibility for arranging my son’s/daughter’s transportation to and from all off-campus activities related to this program and acknowledge that Spartanburg County School District Six is neither responsible for transportation nor liable for injuries that may arise out of, during, or in connection with the transportation.

I release and waive and further agree to indemnify, hold harmless, or reimburse Spartanburg County School District Six, the School District Board of Education, the Board’s individual members, agents, employees and representatives thereof from and against any claim which I, any other parent or guardian, any sibling, the students, any other firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with the student’s participation in or travel to or from the off-campus activities in the Research/Internship Program.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

### Insurance

Please check *one* of the following statements regarding insurance for your son/daughter for the 2014-2015 school year, then sign below.

\_\_\_\_\_ My son/daughter is adequately and currently covered by accident/health insurance that will cover injuries sustained while participating in this program.

Company providing insurance \_\_\_\_\_ Phone # \_\_\_\_\_

Name of insured \_\_\_\_\_ Phone # \_\_\_\_\_

Policy number \_\_\_\_\_

\_\_\_\_\_ My son/daughter is covered by the school insurance plan which I purchased for the 2014-2015 school year.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date