



RGV LEAD, Inc.
Business Liability Release

BUSINESS/HOST INFORMATION

Business Name: Hidalgo County Courthouse
 Location: 100 N. Gosner Edinburg, TX 78539
 Person Assigned To: Karina Cardoza

STUDENT INFORMATION

My name is and I wish to participate in the RGV LEAD, Inc. Job Shadow Day experience. I am years of age at this time, OR my parent or legal guardian has signed this form to indicate their agreement with that stated therein.

My home address: Date of Birth: Telephone (956)

Erik Oyervides (DOB) 06/19/94
6100 Field Drive
Mission, TX (956) 600-4299

In consideration of permitting me, to participate in the Job Shadow Day Program provided by RGV LEAD, Inc., I hereby voluntarily release, discharge, waive, relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my participation in the Job Shadow Day Program with the above named company. I, myself, hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property, damage or wrongful death against the above named company, school, business sponsor, its facilitator, or any of its agents and employees for any said caused of action, whether the same shall arise by the negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and relieve, indemnify and save hold harmless the above named company/host and any of its employees in the Lower Rio Grande Valley, its elected or appointed company officials, employees, and agents for any personal injury, property damage, or wrongful death caused by negligence.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPH AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE JOB SHADOW DAY PROGRAM AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

Student Signature Witness

Erik Oyervides

Signature of Parent/Guardian Date

[Signature]



Parent / Guardian Consent Form

Please fill in ALL blanks.

Your son/daughter has been invited to attend a Job Shadowing Experience at a workplace. He/She will be assigned to an employee, who will lead him/her through a department in the workplace. They will discuss a typical workday and explore different aspects of working in a particular industry and what skills they are learning in school that are needed in the working world. The student's school will provide transportation. In order for your child to participate, this form must be filled out and returned to his/her teacher before the day of the event.

Permission to Participate in Workplace Job Shadowing

My son/daughter, Erik Oyervides
Name, may participate in a **Job Shadowing Experience**, which will take place on April 18, 2013.
Date

Permission to Travel to the Workplace

I understand that my son/daughter, Erik Oyervides
Name, will travel to the workplace under the supervision of the school staff.

Photo Release

I understand that Job Shadow Day attracts attention from the media and is also used to promote partnerships between schools and employers, so there is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, Erik Oyervides
Name for these promotional and educational purposes.

[Signature]
Signature of Parent or Guardian

Apr-4-13
Date



RGV LEAD, Inc.
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Business Name: Hidalgo County Courthouse
 Location: 100 N. Closter Edinburg TX 78539
 Person Assigned To: Karina Cardoza

STUDENT INFORMATION

My name is and I wish to participate in the RGV LEAD, Inc. Job Shadow Day experience. I am years of age at this time, OR my parent or legal guardian has signed this form to indicate their agreement with that stated therein.

(DOB) 11/24/94
Eric Sandoval
1402 20th Street Moorefield Rd.
Palmview, TX (956) 580-2376

My home address: Date of Birth: Telephone (956)

In consideration of permitting me, to participate in the Job Shadow Day Program provided by RGV LEAD, Inc., I hereby voluntarily release, discharge, waive, relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my participation in the Job Shadow Day Program with the above named company. I, myself, hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property, damage or wrongful death against the above named company, school, business sponsor, its facilitator, or any of its agents and employees for any said caused of action, whether the same shall arise by the negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and relieve, indemnify and save hold harmless the above named company/host and any of its employees in the Lower Rio Grande Valley, its elected or appointed company officials, employees, and agents for any personal injury, property damage, or wrongful death caused by negligence.

(956)
309-6743
(956)
271-5363

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPH AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE JOB SHADOW DAY PROGRAM AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

Student Signature Witness Eric Sandoval

Signature of Parent/Guardian Blas Sandoval Date 4-4-2013



Parent / Guardian Consent Form

Please fill in ALL blanks.

Your son/daughter has been invited to attend a Job Shadowing Experience at a workplace. He/She will be assigned to an employee, who will lead him/her through a department in the workplace. They will discuss a typical workday and explore different aspects of working in a particular industry and what skills they are learning in school that are needed in the working world. The student's school will provide transportation. In order for your child to participate, this form must be filled out and returned to his/her teacher before the day of the event.

Permission to Participate in Workplace Job Shadowing

My son/daughter, ENC Sandoval
Name, may participate in a **Job Shadowing Experience**, which will take place on April 18, 2013.
Date

Permission to Travel to the Workplace

I understand that my son/daughter, ENC Sandoval
Name, will travel to the workplace under the supervision of the school staff.

Photo Release

I understand that Job Shadow Day attracts attention from the media and is also used to promote partnerships between schools and employers, so there is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, ENC Sandoval
Name for these promotional and educational purposes.

Enrique Sandoval
Signature of Parent or Guardian

April 4, 2013
Date



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BUSINESS/HOST INFORMATION

Business Name: Hidalgo County Courthouse
 Location: 100 N. Closer, Edinburg TX 78539
 Person Assigned To: Karina Cardoza

STUDENT INFORMATION

My name is and I wish to participate in the RGV LEAD, Inc. Job Shadow Day experience. I am years of age at this time, OR my parent or legal guardian has signed this form to indicate their agreement with that stated therein. DOB 08/25/95

My home address: Date of Birth: Telephone (956)
 Marco Garza
 1300 Dolores del Rio Avenue
 Mission, TX (956) 222-7113

In consideration of permitting me, to participate in the Job Shadow Day Program provided by RGV LEAD, Inc., I hereby voluntarily release, discharge, waive, relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my participation in the Job Shadow Day Program with the above named company. I, myself, hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property, damage or wrongful death against the above named company, school, business sponsor, its facilitator, or any of its agents and employees for any said caused of action, whether the same shall arise by the negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and relieve, indemnify and save hold harmless the above named company/host and any of its employees in the Lower Rio Grande Valley, its elected or appointed company officials, employees, and agents for any personal injury, property damage, or wrongful death caused by negligence. (956) 562-8646

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPH AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE JOB SHADOW DAY PROGRAM AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

Student Signature Witness

Mar Garza

Signature of Parent/Guardian Date

Sara Garza



Parent / Guardian Consent Form

Please fill in ALL blanks.

Your son/daughter has been invited to attend a Job Shadowing Experience at a workplace. He/She will be assigned to an employee, who will lead him/her through a department in the workplace. They will discuss a typical workday and explore different aspects of working in a particular industry and what skills they are learning in school that are needed in the working world. The student's school will provide transportation. In order for your child to participate, this form must be filled out and returned to his/her teacher before the day of the event.

Permission to Participate in Workplace Job Shadowing

My son/daughter, Marco Garza, may participate in a **Job Shadowing Experience**, which will take place on April 18, 2013.

Permission to Travel to the Workplace

I understand that my son/daughter, Marco Garza, will travel to the workplace under the supervision of the school staff.

Photo Release

I understand that Job Shadow Day attracts attention from the media and is also used to promote partnerships between schools and employers, so there is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, Marco Garza for these promotional and educational purposes.

Laura Dwyer
Signature of Parent or Guardian

4/3/13
Date



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 Location: 100 N. Closter, Edinburg TX 78539
 Person Assigned To: Karina Cardona

STUDENT INFORMATION

My name is and I wish to participate in the RGV LEAD, Inc. Job Shadow Day experience. I am years of age at this time, OR my parent or legal guardian has signed this form to indicate their agreement with that stated therein.

Linda Ann Villarreal
 1720 N. La Homa Road
 Palmview, TX (956) 432-8189
 DOB 07/19/95

My home address: Date of Birth: Telephone (956)

In consideration of permitting me, to participate in the Job Shadow Day Program provided by RGV LEAD, Inc., I hereby voluntarily release, discharge, waive, relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my participation in the Job Shadow Day Program with the above named company. I, myself, hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property, damage or wrongful death against the above named company, school, business sponsor, its facilitator, or any of its agents and employees for any said caused of action, whether the same shall arise by the negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and relieve, indemnify and save hold harmless the above named company/host and any of its employees in the Lower Rio Grande Valley, its elected or appointed company officials, employees, and agents for any personal injury, property damage, or wrongful death caused by negligence.

(956) 467-3686

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPH AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE JOB SHADOW DAY PROGRAM AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT

Student Signature Witness

Linda Ann Villarreal

Signature of Parent/Guardian Date

[Signature]



Parent / Guardian Consent Form

Please fill in ALL blanks.

Your son/daughter has been invited to attend a Job Shadowing Experience at a workplace. He/She will be assigned to an employee, who will lead him/her through a department in the workplace. They will discuss a typical workday and explore different aspects of working in a particular industry and what skills they are learning in school that are needed in the working world. The student's school will provide transportation. In order for your child to participate, this form must be filled out and returned to his/her teacher before the day of the event.

Permission to Participate in Workplace Job Shadowing

My son/daughter, Linda Ann Villarreal may participate in a Job Shadowing Experience, which will take place on April 18, 2013.

Permission to Travel to the Workplace

I understand that my son/daughter, Linda Ann Villarreal, will travel to the workplace under the supervision of the school staff.

Photo Release

I understand that Job Shadow Day attracts attention from the media and is also used to promote partnerships between schools and employers, so there is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, Linda Ann Villarreal for these promotional and educational purposes.

[Signature]
Signature of Parent or Guardian

4-3-13
Date



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 Location: 100 N. Closer, Edinburg TX 78539
 Person Assigned To: Karina Cardoza

STUDENT INFORMATION

My name is and I wish to participate in the RGV LEAD, Inc. Job Shadow Day experience. I am years of age at this time, OR my parent or legal guardian has signed this form to indicate their agreement with that stated therein.

My home address: Date of Birth: Telephone (956)

Omar Olquin (DOB) 09/05/1994
 3601 Esther Street
 Mission, TX (956) 599-1627

In consideration of permitting me, to participate in the Job Shadow Day Program provided by RGV LEAD, Inc., I hereby voluntarily release, discharge, waive, relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my participation in the Job Shadow Day Program with the above named company. I, myself, hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property, damage or wrongful death against the above named company, school, business sponsor, its facilitator, or any of its agents and employees for any said caused of action, whether the same shall arise by the negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and relieve, indemnify and save hold harmless the above named company/host and any of its employees in the Lower Rio Grande Valley, its elected or appointed company officials, employees, and agents for any personal injury, property damage, or wrongful death caused by negligence.

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Student Signature Witness Omar Olquin

Signature of Parent/Guardian Date Melissa Olquin



Parent / Guardian Consent Form

Please fill in ALL blanks.

Your son/daughter has been invited to attend a Job Shadowing Experience at a workplace. He/She will be assigned to an employee, who will lead him/her through a department in the workplace. They will discuss a typical workday and explore different aspects of working in a particular industry and what skills they are learning in school that are needed in the working world. The student's school will provide transportation. In order for your child to participate, this form must be filled out and returned to his/her teacher before the day of the event.

Permission to Participate in Workplace Job Shadowing

My son/daughter Amar Olquin, may participate in a **Job Shadowing Experience**, which will take place on April 18, 2013.

Permission to Travel to the Workplace

I understand that my son/daughter, Amar Olquin, will travel to the workplace under the supervision of the school staff.

Photo Release

I understand that Job Shadow Day attracts attention from the media and is also used to promote partnerships between schools and employers, so there is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, Amar Olquin for these promotional and educational purposes.

M. D. / Desora Osuna
Signature of Parent or Guardian

4-8-13
Date