

GIFTED INTERNSHIP PROGRAM  
SYLLABUS SIGNATURE PAGE

I have read, understand and agree to abide by the internship policies as stated in the syllabus on the previous page.

Holden Rohrer

TAG Intern's Name (Printed)

HR

TAG Intern's Signature

I have read, understand and agree to encourage my child to adhere to the internship policies as stated in the syllabus on the previous page.

Benjamin K Rohrer

Parent/Guardian's Name (Printed)

Benjamin K Roh

Parent/Guardian's Signature

I have read through and understand the Internship Program Basics on pages 6 and 7:

HR

Intern's Initials

BR

Parent's Initials

I have read through, understand, and signed the TAG Internship contract on page 12:

HR

Intern's Initials

BR

Parent's Initials

I have read through, understand, and signed the Parent Consent form on page 17:

HR

Intern's Initials

BR

Parent's Initials

I have read through, understand, and signed the Liability Release on page 18:

HR

Intern's Initials

BR

Parent's Initials

I have read through and understand the Assignment Descriptions on pages 14 and 15:

HR

Intern's Initials

BR

Parent's Initials

I have read through and understand the Internship Manual in its entirety:

HR

Intern's Initials

BR

Parent's Initials

GIFTED INTERNSHIP PROGRAM  
PARENT CONSENT FORM

Dear Parents:

This letter's purpose is to officially notify you of your son's or daughter's involvement in the TAG Department's Internship Program.

Students enrolled in the TAG program may elect to register for one or two courses of internship during any semester of their junior and/or senior year.

Interns have the opportunity to further their career awareness in a particular field and develop their selected career path while gaining academic credit. This program requires interns to leave their home school the last one or two periods of the day to travel to the business site where they have been placed in an internship for the semester.

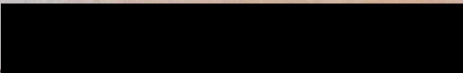
Atlanta's business community continues to remain supportive in providing these non-paid internships, allowing the interns to experience a pragmatic and challenging first-hand view of the professional world of work.

Thank you for your cooperation and interest in the Gifted Internship Program in which your son/daughter has chosen to participate.


Sincerely,

TAG Internship Supervising Teacher  
TAG Career Advisors  
The Advanced Studies Department of Fulton County Public Schools

**PLEASE SIGN INDICATING THAT YOU HAVE READ THE ABOVE LETTER AND RETURN IT, THE SYLLABUS OF THE MANUAL, AND THE LIABILITY RELEASE IMMEDIATELY IN ORDER FOR YOUR SON/DAUGHTER TO PARTICIPATE IN THE INTERNSHIP PROGRAM.**

Student's Name (Printed) Holden Rohrer Cell Phone Number 

Student's Signature *ie me* Date 2021-01-14

Parent's Name (Printed) BENJAMIN K ROHRER Daytime Phone Number 

Parent's Signature *Benjan K Roh* Date 1/14/2021

TAG Supervising Teacher Name: Meggin Prosser Home School Centennial HS

**TAG INTERNSHIP PROGRAM  
LIABILITY RELEASE- WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

I, (print first and last name) BENJAMIN K ROHRER, parent/legal guardian of student (print first and last name) HOLDEN ROHRER, hereby give permission for my son/daughter to participate in the TAG Internship Program sponsored by Fulton County Public Schools. My son/daughter is placed at the following internship site \_\_\_\_\_ (please print)

I hereby authorize the following conditions:

1. To allow my son/daughter to participate in off-campus internship activities.
2. To allow my son/daughter to travel to the off-campus internship site.
3. To obtain and authorize emergency medical treatment for my son/daughter.

I hereby agree to the following conditions:

1. I agree to be personally responsible for any related medical expenses.
2. I hereby release Fulton County Public Schools, its employees, the internship site and its employees of any and all liability.
3. I agree that my child is responsible for his/her own transportation to and from the placement site and to any work-related functions away from the internship site. The placement site may be located in various locations away from campus. A safe commute is my child's sole responsibility and expense.
4. I agree that prior to participating, my child will inspect the placement site's facilities, equipment and areas to be used, and, if he/she believes any of them are unsafe, will immediately advise the person supervising the activity, facility, or area.
5. I acknowledge that I fully understand that my child's participation may involve risk of injury or death, including economic loss which may result not only from my child's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, or this type of event or activity.
6. I agree to maintain health insurance for my child at my or his/her own expense that covers his/her person while a student and while participating in this program.
7. I assume any and all risks of personal injuries to my child, including medical or hospital bills, permanent or partial disability, death, and damage to my or his/her own property, caused by or arising from my child's participation in the internship program.
8. I agree not to sue or present any claim for personal injury, property damage, or wrongful death of my child against Fulton County Public Schools, its officers, agents or employees or internship site, its officers, agents and employees.
9. I warrant that my child is in good health and to the best of his/her knowledge has no physical condition that would prevent him/her from participating in this event or activity.

**MY SIGNATURE ON THIS DOCUMENT RELEASES FULTON COUNTY PUBLIC SCHOOLS AND THE INTERNSHIP SITE FROM LIABILITY FOR MY CHILD'S PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE ARISING FROM HIS/HER PARTICIPATION IN THIS ACTIVITY. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE WAIVED THE RIGHTS DESCRIBED ABOVE BY SIGNING IT, AND I SIGN IT VOLUNTARILY.**

<u>BENJAMIN K ROHRER</u>	<u>Benjamin K Rohr</u>	<u>1/14/2021</u>
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	DATE
<u>Holden Rohrer</u>	<u>he ne</u>	<u>2021-01-14</u>
STUDENT/INTERN NAME (PRINT)	STUDENT/INTERN SIGNATURE	DATE

**GIFTED INTERNSHIP PROGRAM**

## Publicity Release Form

Dear Parents:

The Fulton County Gifted Internship Program would like your permission to publish photos in a presentation delivered about our gifted internship program to audiences at the Georgia Association of Gifted Children and the National Association of Gifted Children in 2017 as well as for a publication that we are creating for the purpose of marketing our internship program with local businesses. These photos may be cropped or edited at the presenter's discretion. I understand that this permission is effective anywhere audiences are present for the purpose of exploring effective delivery of gifted education .

Yes, I give my permission to incorporate photos of my son / daughter representing Fulton County gifted internship programming within presentations to audiences learning about gifted education and for a marketing brochure that advertises our internship program to potential supervisors and future intern candidates.

No, I do NOT want photos of my son/daughter on any of the Fulton County gifted presentations.

Student Name: Holden Rohrer

Parent Name: BENJAMIN K ROHRER

Student Signature: [Signature] Date: 2021-01-14

Parent Signature: Benjamin K Rohrer Date: 1/14/2021