



VITAL LINK

4-Day Summer Internship Program

Monday, June 5th - Thursday, June 8th, 2023

Parent Permission Form

I hereby certify that my son/daughter (circle one), _____,
has my permission to participate in the 2023 Vital Link Internship program
Student Name
for the Birdville Independent School District in partnership with the
Northeast Tarrant Chamber of Commerce. I understand that I am responsible
for arranging transportation for my student both to and from the workplace
from June 5th - June 8th, 2023.

I agree and do hereby waive and release all claims against the Birdville
Independent School District and any teacher, employee, business employee or
other person engaged in the activity in question and agree to hold them
harmless from any and all liability relating to my son/daughter for any
personal injury that may be suffered or any loss of property that may occur to
my son/daughter.

It is understood that no child will be allowed to participate in this activity
until this form is signed by his/her parent or guardian and an Orientation
meeting is attended by the student and a parent or guardian.

Signed this day _____ day of _____ 2023.
Month Date

Parent/Guardian Signature

Home Address, City & Zip