

8th Grade Career Shadow Day 2026 Registration Packet

Student Name: _____

School: _____

Parent/ Guardian Name: _____

Parent/ Guardian Cell/ Day Phone Number: _____

Parent/ Guardian Email Address: _____

Host Business: _____

Business Representative's Signature: _____ Date: _____

CONSENT AND RELEASE OF LIABILITY

I, _____, am the parent or legal guardian of _____
(hereinafter referred to as "minor child"). As the parent or legal guardian of the minor child, I hereby consent for the minor child to participate in the following school related activity:

Nassau County School District Career and Technical Education Career Shadow Day 2026 which will be held on **February 20, 2026**.

In consideration of the benefits to be derived by the minor child from participating in the foregoing activity, I, the parent or legal guardian of the minor child, both personally and on behalf of the minor child, and for our respective estates, heirs, administrators, executors, and assigns hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Nassau County School Board, members of the Nassau County School Board, Superintendent, or the Nassau County School Board's servants, agents, or employees (hereinafter referred to as the "Releases") from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury, including death, that may be sustained by the minor child or the minor child's property during and/or as a result of his or her participation in the above described activity.

I fully understand that there are potential risks and hazards associated with the minor child's participation in the above-described activity. Despite the potential risks and hazards associated with the minor child's participation in the above described activity and related travel, I, individually and on the minor child's behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the above described activity that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I acknowledge that the minor child is freely and voluntarily participating in the above-described activity and that his or her participation is not required.

In signing this agreement, I acknowledge and represent that I have read it and that I understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the parent or legal guardian of the minor child. This instrument shall be governed, construed, and enforced in accordance with Florida law.

Parent or Legal Guardian's Printed Name:

Date:

Parent or Legal Guardian's Signature

Career Shadow Day

On-The Job Questionnaire

Student Name: _____

Company Name: _____

Job Title: _____

Remember to take a picture of yourself on the job!
Return this form to your Guidance Counselor by February 20, 2026

Please use complete sentences when writing responses.

1. What are the job duties of the person you shadowed?
2. What education, training, or qualifications are necessary to prepare for this job? Where did your sponsor get their training?
3. What role does technology play in this career?
4. How do subjects such as English/Language Arts, Science, Math and Social Studies relate to this job?
5. What happens to an employee who is chronically absent or frequently tardy to work?

To be completed by the career sponsor during the job shadow experience.

Hours: Starting Time/ Ending Time _____/_____

Sponsor's Signature: _____ Date: _____