



Summer Work Experience 2024

SIGN-UP SHEET

Please note that the information on this form is for the sole use of AspYre's Summer Work Program and is not available to any other individuals or groups. Each participant will always have an AspYre Adult Mentor with them while they are working. This is to help them understand their job and have guidance while working. By signing up, you understand that the student is allowed up to 10 hours of work each week for 6-8 weeks over Summer Break. Please check all the weeks the student will be available for work but understand we will choose from your selections to meet the needs of the student, mentor, and company where they will be working.

<input type="checkbox"/> May 19-25	<input type="checkbox"/> June 16-22	<input type="checkbox"/> July 14-20
<input type="checkbox"/> May 26-June 1	<input type="checkbox"/> June 23-29	<input type="checkbox"/> July 21-27
<input type="checkbox"/> June 2-8	<input type="checkbox"/> June 30-July 6	<input type="checkbox"/> July 28-August 3
<input type="checkbox"/> June 9-15	<input type="checkbox"/> July 7-13	

***Students who have an open OVR case may be eligible for the PACE Program. This program allows for 95 total hours of work. Call Mrs. Kirtley at 270-231-7819 for more information about PACE.

Student Information

Full Name: _____ Date of Birth: ____/____/____

Address: _____

City _____ State _____ Zip _____

Student Email: _____

Guardian Email: _____

Student's Phone Number: (____) ____ - _____ Text Call

Guardian's Phone Number: (____) ____ - _____ Text Call

In the event of an emergency relating to the student please provide information below which we can use to contact you.

Contact 1: _____ Relationship: _____ Phone: _____

Contact 2: _____ Relationship: _____ Phone: _____

The student will have transportation to/from their work site. YES NO

I, the parent, or guardian, (or student if 18 or older) give permission for the named student to attend and participate in the Summer Work Program. I will return all releases and consent forms before my student is allowed to participate.

Print Name _____ Signature _____ Date ____/____/____

2024 Parental/Guardian Consent Form



RELEASE STATEMENTS

The undersigned does hereby give permission for, _____, to attend and "participate" in AspYre's Summer Work Program during May 2024 through August 2024.

LIABILITY RELEASE: In consideration of **ASPYRE LLC** allowing the Participant to participate in Summer Work Program activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless **ASPYRE LLC**, its representatives, directors, volunteers, the Participants school district, administration, and teachers as well as the Kentucky Office of Vocational Rehabilitation and their representatives, the company or job site and its representatives from any and all liability, claims, or demands for accidental personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the Participant while involved in the Summer Work Program activities and/or transportation to and from work sites by an AspYre representative.

I, the parent, or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in Summer Work activities. Furthermore, I, on behalf of my Participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense because of participation in work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify AspYre LLC for any liability sustained by said as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant thereto.

EARLY RETURN HOME POLICY: Should it be necessary for my participant to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility to ensure that the participant has timely and adequate transportation.

TRANSPORTATION PERMISSION: The undersigned, or self if 18+ and own guardian, give permission for the above named to ride with their AspYre Adult Mentor or other approved driver for purposes of attending the Summer Work Program. I agree I will not hold AspYre LLC, its representatives, the school district the student attends, the worksite company workers or owners, or the Office of Vocational Rehabilitation responsible for any negligence or injury caused by any other person or equipment not belonging to the driver of the vehicle. All drivers will have appropriate insurance to transport passengers through their personal insurance companies. Participants **MUST WEAR A SEATBELT AT ALL TIMES** during transportation and no tobacco, vape, alcohol or illicit substances may be used while being transported by any AspYre representative.

Initial to give permission or decline to be transported by an AspYre representative.

____ **YES**, the participant has permission to be transported for purposes only for the 2024 AspYre Summer Work Experience and only by an AspYre approved adult licensed (self-insured) driver.

____ **NO**, the participant does not need or have permission to be transported during the 2024 AspYre Summer Work Experience by any AspYre representative.

I, the parent, or guardian, understand that care will be taken to ensure the health, safety, and welfare of my participant during the Summer Work Experience with ASPYRE LLC. I realize and accept that in the event of the participants behavior adversely affecting the safety of the activity, the organizers reserve the right to ask for the participant to be picked up by a parent or guardian within 30 minutes of the request for pick up.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date Signed: ____/____/____

Student (Participant) Signature _____

Date Signed: ____/____/____