

**“TAKE OUR KIDS TO WORK”
MEMORANDUM OF UNDERSTANDING**

Please read carefully

“Take our Kids to Work” (the “Program”) is a national initiative led by “The Learning Partnership” applicable to the Career Preparation Program, high school students in Grade 9. The objective is to offer students a view of the work world and to give them an understanding of its demands and opportunities.

I, _____, an employee of Langara College (the “College”), have requested the College’s permission for my child _____ to participate in the Program and to accompany me to work on at _____ on _____, 20__.

I undertake and accept absolute responsibility for my child during his/her participation in the Program.

I understand that the Program involves certain elements of risk and that injuries may occur while participating in this activity without any fault of my child or the College. The risks, dangers and hazards may include, but are not limited to:

- Environmental
- Equipment
- Hazardous materials
- Processes
- Weather

I have made my child aware of the elements of risk and by allowing my child to participate in the Program I accept such risks. I agree that my child’s attendance at the College is to be merely observational and my child will not be involved in services at the College in any direct “hands-on” way.

I understand and agree that the College, its officers, employees, agents, students or volunteers are not responsible for any loss, injury, or damage, including property loss or damage, which my child may suffer as a result of his/her participation in the Program at the College.

I understand and agree that the College, its officers, employees, agents, students or volunteers assume no duty of care to my child, and are not responsible for preventing my child from incurring injury, preventing my child from injuring others, or damaging any property.

I understand and agree that my child is not covered by the *Workers’ Compensation Act* while participating in the Program, and is therefore ineligible for any WorkSafe BC compensation in the event that he/she is injured.

I agree to inform my child about the guidelines of the Program and the relevant policies, procedures, and safety protocols of the College and understand that non-compliance may result in my child being removed from the Program.

I agree that I will inform my child that all information that he/she may come in contact with during his/her observational experience under the program, must be maintained in strict confidence.

Signature

Name (please print) Employee ID

Department

Date

Supervisor

Date