

Participant Manual Receipt

I certify that I have received the Summer Career Zone Participant Manual which contains Safety Guidelines for participants. These have been reviewed with me and I understand and will be guided by them throughout my experience.

I understand that violating these rules could endanger others or myself.

In case I am injured while in the course of my work, I will report the injury to my Supervisor at once.

I further understand that the selling or use of drugs and/or intoxicating beverages while participating in Summer JAM is strictly prohibited. I understand that I may be checked for drugs and/or alcohol if I am injured and go to a medical facility for treatment.

My signature certifies that I have received and understand these guidelines and agree to abide by them.

Participant's Name (Print)

Date

Participant's Signature

Date

Witness or Parent's Name (if under 18)

Date

Witness or Parent's Signature (if under 18)

Date

THIS FORM NEEDS TO BE RETAINED IN THE PARTICIPANT'S FILE