

Feed Dekalb Internship Program Waiver of Liability and Release

Student's Full Name: Kenadie Sn	nith	_
School: Drew Charter		
Phone: 404-242-3070	Email: kenadie.smith@drewcharterschools.org	_
Home Address: 188 Laurel Ave S	W, Atlanta GA 30314	_
KS (initial here) I commit to the follow	wing internship at 5 hours/week Total of weeks: 10	
I (please print name clearly) Kenadie	e Smith	acknowledge that I
Community (hereafter referred to as "th the internship description. I recognize fu	th Feed Dekalb, Unearthing Farm & Market and Gardens e Organizers") involving various outdoor tasks as outlineally that my presence and activity of work may involve so ree to comply with Feed Dekalb's rules to ensure the safe	d (but not limited to) in me element of risk
or lawsuits of any kind or nature of mys future against the Organizers, its emplo	do hereby waive and release all rights, claims, injuries, lia self, and those of my heirs or assigns, which may exist or byees, staff, or partnerships arising out of, because of, or hich I will undertake as a student intern.	accrue in the
various departments, employees, staff, damages, or lawsuits of any kind or nat	do hereby agree to indemnify, defend, and hold harmless or partnerships from and against any and all rights, clain ture of myself, those of my heirs or assigns, or of third pas a result of, or in connection with the duties, responsibilitied Dekalb.	ns, injuries, liabilities, irties, which may exist
and absolve the Organizers and its em accompanying said employee. I further against any insurance company which other students from the program or if I I	nust request permission to ride with any employee of Fee ployees of all claims, lawsuits, or any causes of action the release, renounce and waive all claims, lawsuits, or any insures the Organizers and its employees. I understand take public transportation, the Organizers will not be held an against those I willingly choose to accompany.	at may arise from causes of action that if I carpool with



(Initial here) I understand that this is a paid student internship position and if I don't comply with adhered rules—upon being given at least 2 warnings verbally and/or in writing, I can be terminated at any time during the 10-week program and I understand that I will not receive any due payment if I am terminated. Further, I understand that I am not entitled to benefits or workers' compensation benefits from Feed Dekalb. I further understand that I am not entitled to any vested rights to which an employee of Feed Dekalb may be entitled.

KS (Initial here) I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to whom I am assigned. I further understand that it is my responsibility to inform the representative if I cannot attend a particular day.

Photo Release Consent:

Please check one of the options below

I grant the Organizers permission to be photographed

I do NOT grant the Organizers permission to be photographed

I (print name) Nathan Smith	, the student, or parent if minor is under 18, (check one
option above) Feed Dekalb, Unearthing Farm & Market,	and Gardens for Growing Community, permission to use
my or my child's photographs for educational purposes,	
advertising, and web content. I understand that no comp	ensation shall become payable to me by any reason of
Participant Signature:	
Date signed: 3/7/24	<u>-</u>
If under 18, parent or guardian signature is required:	•
Parent (please clearly print name): Nathan Smith	
Parent Signature: Nathaniel C. Sm	nith Date
signed: 3/7/24	