South Carolina Aquarium

South Carolina Aquarium
Shadow Program 2020/2021

Dear Parents,

Experience is always a great way to open a young person's eyes and spark new interests. To offer young adults a glimpse into the aquarium world, the South Carolina Aquarium offers a Job Shadow Program for students in grades 6 to 12. In this program, your child will have the opportunity to observe some of the jobs that keep an Aquarium humming – like aquarist, educator, or mammal behaviorist. This program will allow students to see what happens in a day at the Aquarium and gain some insight into an area of work they might want to pursue. **The Job Shadow Program will be offered on three dates: January 18 (Martin Luther King Jr. Day), February 15 (Presidents' Day) and September 6 (Labor Day).** These are days that most schools are not in session or commonly requested dates to shadow; therefore students would not miss school responsibilities.

To apply, students must:

1) Complete the form on the reverse side of this letter.
2) Write a 300-word essay describing why they are interested in participating and what they hope to gain from their time at the Aquarium.
3) Secure a letter of recommendation from an adult, non-family member, preferably a current teacher.
4) Submit the form, the essay, and the recommendation in an envelope to:

    Teen Programs
    South Carolina Aquarium
    100 Aquarium Wharf
    Charleston, SC 29401

Deadlines for submitting applications are January 11 for the January 18 Job Shadow Day, February 8 for the February 15 day and August 30 for the September 6 day. We will accept the first fifteen applicants and contact parents by phone or email after the deadline to inform you whether your student has been accepted to participate in the program. At that time, we will provide specifics about the Shadow Day (time, activities, etc.)

If you have questions, please contact us at teens@scaquarium.org.

Sincerely,

The Education Team

PARENTAL/GUARDIAN CONSENT, RELEASE, WAIVER AND ASSUMPTION OF RISK SOUTH CAROLINA AQUARIUM SHADOW DAY PROGRAM

I,_____(printed name), the undersigned parent or guardian of the child listed below, understand and agree to all the terms below as they pertain to the South Carolina Aquarium's Shadow Day Program in which we are participating on_____(date):

Student Name: _____ **Age:** _____

School: _____ **Grade:** _____

County: _____ **Date of Birth:** _____

1. I grant permission for my child to participate in the South Carolina Aquarium's Shadow Day Program on the date listed above. I understand that participation may include engaging in hands-on tasks as part of the program. Participation is purely voluntary, and if at any time my child or I feel uncomfortable with the activities, we may notify the instructor-in-charge that we do not wish to participate and accommodations will be made for us to either observe the activity(ies) or leave the program.
2. I understand that a South Carolina Aquarium employee/volunteer will explain various safety rules before participating. I agree that we have a responsibility to listen, and if necessary, ask questions, clarify any rules, regulations or instructions that we do not understand. I acknowledge that by participating in the program that I have understood and agreed to comply with all safety rules and regulations.
3. I agree that we have a responsibility to conduct ourselves in a safe and reasonable manner, staying with the group at all times.
4. I understand that transportation to and from the South Carolina Aquarium is solely my responsibility as parent/guardian.
5. I am aware that there are certain risks and dangers in any activity and in consideration of participating, I hereby agree to indemnify, defend and hold harmless the South Carolina Aquarium, its officers, agents, board members, employees and representatives (hereafter collectively referred to as "the released parties") for any liabilities, claims, demands, or cause of action that arise from the negligence or strict liability of the released parties.
6. I have conveyed my understanding and consent of the above guidelines to my child.

☐ Yes
☐ No

Photo Release: For valuable consideration, I do hereby authorize the South Carolina Aquarium, and those acting pursuant to its authority to:

a. Record my child's participation and appearance on video tape, audio tape, film, photograph or any other medium.
b. Use my child's name, likeness, voice and biographical material in connection with these recordings.
c. Exhibit or distribute such recording in whole or in part without restrictions or liability for any educational or promotional purpose which the South Carolina Aquarium, and those acting pursuant to its authority, deem appropriate.

☐ Yes
☐ No

Should an emergency arise, I give my permission to the South Carolina Aquarium staff to render first aid and provide or obtain emergency medical services as the situation warrants, and release the staff from any liability resulting from any negligent performance of said services.

_____
Emergency Contact(s) and Phone Numbers (s)

☐ Yes
☐ No

My child has a medical condition, allergy, physical or other disability that requires special attention. (Please make sure that this is discussed in person with the South Carolina Aquarium staff member that greets your party.)

_____
Allergies, current medications, or special conditions requiring attention

_____
Hospital preference in case of emergency

☐ Yes
☐ No

At the program conclusion, I authorize the South Carolina Aquarium to release my child to the following adult(s) or guardian(s) other than myself.

_____
Adult/Guardian Name(s) & Phone Number(s)

I have read and do agree to the terms above.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Parent Phone #: _____ **Parent Email:** _____