

HASMONEAN



אל תקרי בניך אלא בוניך

HASMONEAN HIGH SCHOOL LIABILITY INSURANCE/WAIVER FORM

THIS FORM MUST BE COMPLETED

Name of Student: -----

School: Hasmonean High School

Date: **Monday 1st - Friday 5th July 2024 (inclusive)**

**PLEASE COMPLETE THE IMPORTANT INFORMATION BELOW – WITHOUT LIABILITY INSURANCE OR THE
WAIVER BEING COMPLETED THE STUDENT WILL NOT BE ABLE TO COMPLETE WORK
EXPERIENCE.**

Liability Policy Number: _____

Expiry Date: _____

Insuring Company: _____

Parent/Carers can authorise work experience without liability insurance by signing the following waiver:

As the Company -..... (Name of Student) is working for during Work Experience week has no
liability insurance I(Parent/Carer) take full responsibility for her during this week

.....(Signature Parent/Carer)

Work experience is for one week only and is unpaid.