Dear Parent/Carer,

**Re: Acknowledgement of Limitation to Liability**

By completing and signing this letter, I agree that Twyford CofE Academies Trust and all employees cannot be held responsible or liable for any claims arising because of your child’s Work Experience Placement listed below:

**To be completed by the parent/carer:**

I acknowledge that the dates of my child’s Work Experience are Monday 6th July to Friday 10th July 2020. I understand that this placement is entirely at my own risk and I absolve Twyford and any employees of any responsibility in this matter.I am fully aware that the employer does not have the appropriate insurance for work experience of students under 16 years old.

It is my responsibility to contact the employer to discuss and carry out health and safety checks of the placement making sure all contact telephone numbers are provided from and given to the employer.

**Name of student:** ……………………………………………………………………………………………………………….

**Work Experience Placement:** …………………………………………………………………………………………….

**Work Experience Placement Main Contact:** ………………………………………………………………………

**Student signature:** ……………………………………………………………………………………………………………..

**Parent/Carer Name:** ………………………………………………………………………………………………………….

**Parent/Carer Signature:** ……………………………………………………………………………………………………………….

**Relationship to Student:** …………………………………………………………………………………………………….

**Date:** …………………………………………………………………………………………………………………………………..

Kind regards,

Miss Temi Lawal

**CIAG Administrator**