



# Shadowing Packet

---

## *Appamada Elementary School*

*Please fill out the following information for your student to attend a shadowing session at Appamada School.*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Contact Info For Day of Shadowing: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

# Medical and Emergency Information

Student's Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Student's DOB: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Treatment:**

*In the event that I/we cannot be reached to make arrangements for Emergency Medical Attention, I/we authorize Appamada School personnel to take my student to the above doctor, nearest hospital or minor emergency clinic for treatment. I/we give consent for any and all necessary treatment when my/our child is in the care of a faculty or staff member.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

*(Should be signed by all parents with conservatorship)*

# Health History

*Please complete the following health history so that we may accommodate the needs of your child.*

Food Sensitivities, Intolerances, or Allergies? *Please specify the allergens and reactions:*

---

---

Non-Food Sensitivities, Intolerances or Allergies? *Please specify the allergens and reactions:*

---

---

Medication/Drug Sensitivities, Intolerances or Allergies? *Please specify the allergens and reactions:*

---

---

Please list all medications, herbs, supplements or other medical treatments that your child receives and the associated health conditions that are being addressed:

---

---

Please list any diagnosed mental health conditions (*Anxiety, Depression, OCD, ASD, etc.*):

---

---

Please list any diagnosed learning differences (ADD, ADHD, Dyslexia, Dysgraphia, etc.) your child experiences:

---

---

Please list any learning-related concerns you would like us to be aware of:

---

---

Additional health concerns past/present that will help us best serve your child?

---

---

# Short Response Questions

*Your thoughtful responses to the questions below will help us understand your child's nature and background. They are designed to let us know what makes your child unique so we can create an atmosphere that supports their interests, goals, and learning style.*

What is most important to you in a school environment for your child?

---

---

---

Why are you looking to move your child from their current school?

---

---

---

Describe your child's experience as a student in the past. How have their learning environments been engaging, satisfying, challenging, and/or frustrating?

---

---

---

Describe any academic areas of particular strength or interest and any of weakness or frustration for your child.

---

---

---

Is there anything specific about your child we should know to better meet their needs?

---

---

---

If your child becomes frustrated, afraid, or anxious during their shadowing session, what strategies can you suggest to support them?

---

---

---

# Participant Agreement, Release, and Assumption of Risk

*For the enrollment period, in consideration of the services of Appamada School LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Appamada"), I hereby agree to release, indemnify, defend and discharge Appamada, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:*

1. I hereby acknowledge that my child's or children's participation in outdoor adventure based and other recreational activities including but not limited to: field trips, hiking, camping, kayaking, zip lining, belaying, ratcheting, stunts, airbag, climbing walls, ropes course, swimming, etc., entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities that my child or children will engage in.

The risks include, among other things: slips and falls; falling objects; the hazards of walking on uneven or rough terrain; encounters with wild animals, snakes and spiders; collision with fixed or movable objects or people; accidents involving other bicycles or vehicles; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures; musculoskeletal injuries including head, neck, and back injuries; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration, frostbite, frostnip; avalanches; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; rope burns; the use of climbing ropes and equipment; equipment failure and/or operator error; water hazards; whitewater; boat capsize; accidental drowning; exposure to cold water can result in cold shock, hypothermia and in extreme cases death; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the negligence of other climbers, visitors, participants, or other persons who may be present; and improper lifting or carrying; my child's or children's own physical condition, and the physical exertion associated with these activities. Furthermore, Appamada employees have difficult jobs to perform. They strive for complete safety, but they are not infallible nor are they able to predict each and every potential danger or hazard prior to its occurrence. Additionally, they might be unaware of a participant's physical or mental fitness or abilities or the weather or

other environmental conditions.

2. I, individually and on behalf of my child or children, hereby expressly agree and promise to accept and assume all of the risks existing in the activities that my child or children will be participating in. My child's or children's participation in this activity is purely voluntary, and I have elected to allow them participate in spite of any risks.

3. I hereby agree to voluntarily release, forever discharge indemnify, defend and hold harmless Appamada from any and all claims, demands, or causes of action, which are in any way connected with my or my child's or children's participation in the activities or the use of Appamada's equipment or facilities, including any such claims which allege negligent acts or omissions of Appamada.

4. Should Appamada or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify, defend and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I, my child or children may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself and not hold Appamada responsible for any such injuries. I further certify that I am willing to assume the risk of any medical or physical condition that I, my child or children may have.

6. In the event that I file a lawsuit against Appamada, I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state shall apply in such action. Additionally, I hereby agree that in any legal proceeding brought against Appamada, the venue shall be proper in Hays County, Texas. Additionally, I hereby agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

7. I hereby grant Appamada full permission to use my pictures and/or video footage, including my likeness in any and all of its marketing materials, including but not limited to brochures, videos and websites. I also irrevocably authorize Appamada full rights to edit, alter, copy, exhibit, publish, and/or distribute the material for any other lawful purpose. Additionally, I waive the right to royalties, licensing fees, or any other compensation arising or related to the use of the photographic or video material.

I am over 18 years of age and understand the contents of this release and consent to the release of photographs and video to those minors for whom I have indicated I am



the parent or legal guardian in entering into this Agreement.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my, my child's or children's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Appamada on the basis of any claim from which I have released them from herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant Name/s: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*(Should be signed by all parents with conservatorship)*

# Parent's or Guardian's Additional Indemnification

*(Must be completed for students under the age of 18 and signed by all parents with conservatorship)*

In consideration of \_\_\_\_\_ (print minor's or minors' name(s) ("Minor")) being permitted by Appamada to participate in its activities and to use its equipment and facilities, I hereby agree to indemnify, defend and hold harmless Appamada from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*(Should be signed by all parents with conservatorship)*