



Evergreen Catholic Schools

Off-Campus Education Agreement

Date:	Pursuant to the Workers' Compensation Act, Chapter W-16, S.A. 1081 and regulations hereunder, the student is deemed to be a "worker" of the Government of Alberta for the purpose of Workers' Compensation.	
A	Student Name:	Alberta Ed #:
	Student Cell #:	DOB: (mm/dd/yy)
	Student Email:	S.I.N.:
Address:		Postal Code:
Parent Name:		Parent Cell #:
		Parent Email:
Coordinator: Duane Hagen	Email: dhagen@ecsr.ca	School phone: 780-960-0475
B	Business Name:	Phone:
	Address:	Email:
		Fax:
Contact Name:	Contact cell:	
Supervisor Name:	Supervisor cell:	
Supervisor Position:	Supervisor Email:	

The student named in "A" above agrees to be employed and the employer in "B" above agrees to employ this student. This student shall attend school and work. The following terms and conditions of this agreement hereto shall bind the parties pursuant to the Off-Campus Program of Studies.

<p>1. FULL-TIME EMPLOYER TENURE: The employer agrees that participation in this program will in no way affect the tenure of any regular full-time employee now on staff, nor hiring practices in regard to full-time employees.</p> <p>2. RELEASE AND DISCLAIMER: In consideration of ECSR having arranged for Work Experience herein described, it is agreed that ECSR shall not be liable for any damage, injury or claim whatsoever arising out of any act or omission, of ECSR or any other party to this agreement. The undersigned student and parent(s) or guardian(s) specifically release ECSR and its agents and employees with respect to any and all such liability.</p> <p>3. INSURANCE:</p> <p>a. Pursuant to the Workers' Compensation Act (W-15, R.S.A. 2000), and regulations or orders-in-council made thereunder, the student participating in this program is deemed to be a worker of the Alberta Government for the purposes of workers' compensation.</p>	<p>b. The employer confirms that the student is covered in the same manner as other employees under valid applicable insurance policies including but not limited to general liability and automobile insurance policies. If coverage under the employer policy cannot be extended to the student due to the terms of the employer's policy of insurance, the employer shall immediately notify ECSR. The employer must provide a certificate of insurance to the Off-Campus Coordinator.</p> <p>4. INDEMNIFICATION: in consideration of ECSR having arranged the off-campus education herein described the undersigned parent(s) or guardian(s), and in more that one of them execute this agreement, they agree jointly and severally to indemnify and save harmless ECSR, the Board, its elected officials, its insurers, its agents and employees with respect to any expenses, costs or liability whatsoever arising out of any damage or injury occurring or alleged to occur in connection with aforesaid employment.</p>
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<p>5. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The employer acknowledges that all records, as defined in Section 1 (1) (q) of the FOIP Act, which are prepared for the ECSRD or otherwise provided to the ECSRD may be subject to the access and privacy provisions of the FOIP Act.</p>	<p>6. HOURS OF WORK: Hours of work for off-campus high school education, shall at a minimum, align with Employment Standards Regulation (Part 5).</p> <p>7. The following work hours are to be considered:</p> <ul style="list-style-type: none"> a. Standard work day of eight hours, if not attending classes; b. Maximum of 12 hours per day combined, work and classes; c. Maximum of 40 hours per week, if not attending classes; d. Maximum of 60 hours per week combined, work and classes.
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I have read this Off-Campus Agreement and hereby consent to the agreement:	
Employer Name and Signature:	Date:
Parent/Guardian Name and Signature:	Date:
Student Signature:	Date:
Reviewed by ECSRD Off-Campus Coordinator:	Date: