Career and Technical Education

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

_____ has my permission to participate in a course in the following programs: AFJROTC, Agriculture Science, Biotechnology, Sports Turf Management/Nursery Management, Computer Maintenance, **Media Productions**, Networking, Programming I: Game Design, Programming II: AP Programming, Automotive Technologies, Construction Technologies, Engineering, Welding, Medical Assisting, Sports Medicine, Nursing, Culinary Arts, Design and Merchandising, Education Professions, Early Childhood Education, Fire Science, Law and Public Safety, Accounting, Business Administration, Financial Services, Sports Entertainment & Hospitality Marketing, Technology Life Careers, Welding **(CIRCLE APPLICABLE PROGRAM)**

All PUSD CTE programs emphasize safety, workplace simulated labs, and hands-on learning. Students will be instructed on safe working procedures, and all safety measures ***are required*** to be followed at all times. Safety equipment is provided and ***must*** be used by all students.

Students actively operate potentially dangerous equipment in these classes as part of the instructional program, during time spent in the lab after school, and during related student club activities. There is always the possibility of injury if the equipment is improperly used.

Parents are expected to be actively involved in assisting the instructors with the safety of their students. *If your child/ward is on any medication or affected by a medical condition that might affect his/her performance,* the instructor **must** be notified.

In the event of an accident, the school nurse will be contacted and emergency protocol will be followed. If you do not have health insurance, we *highly* recommend that you purchase medical coverage for your child/ward. Student accident insurance is offered through a 3rd party vendor which is assembled at: http://www.kandkinsurance.com. Since students in non-paid Worksite Learning experiences are not considered employees, and employer/employee relationship does not exist, students should provide their own medical and accident insurance. Transportation to and from the place of the Worksite Learning experience is the responsibility of the student. Transportation arrangements must meet with the approval of parents and school administration. Parents or guardians will assume responsibility for the conduct and safety of the student from the time of leaving school until reporting to the job and from the time of leaving the job until arrival at home.

Students not actively participating during class or exhibiting problems with behavior are a safety risk. Failure to comply with all lab safety procedures and/or operate equipment in a safe manner may result in loss of credit and/or removal from the class.

I have carefully read this agreement and fully understand the risks, and I hereby agree to allow my child/ward to participate in this course. In exchange for benefits derived by my child/ward's participation in this course, I hereby agree, to the fullest extent permitted by law, to hold harmless Peoria Unified School District, its officers, employees, or volunteers from and against any claims, damages or liability for injury, death or damage to personal property arising out of, or in connection with my child/ward's participation in this course.

_____
Signature (mother/guardian) DATE

_____
Print Name

_____
Contact Phone Number

_____
Student Signature DATE

_____
Print Name

_____
Signature (father/guardian) DATE

_____
Print Name

_____
Contact Phone Number