

BUTLER TECH

Student Assumption of Risk and Release Fifth Day Experience/ Shadowing Program/Situational Assessments/Off Campus School Activities

This Assumption of Risk and Release is to be completed by students who have voluntarily requested to participate in a Fifth Day Experience, shadowing program, situational assessment or off campus school activity (collectively referred to as "Program") at Butler Tech. The student's participation in the Program may expose the student to additional risks inherent in a traditional work or classroom lab setting that is not generally applicable in a traditional classroom. Students are required to complete and return this Assumption of Risk and Release in order to participate in a Fifth Day Experience, Shadowing Program, Situational Assessment or Off Campus School Activity at Butler Tech.

ASSUMPTION OF RISK

By signing this Agreement, I understand that during my participation in the Program, I may be exposed to certain risks inherent in a work or classroom lab setting such as exposure to large and small animals, machinery and equipment, fire and heating elements, hazardous substances, etc. I further acknowledge that my participation in the Program activities mentioned herein may involve dangers, hazards, and risks of personal injury or injury to property.

As a condition of my participation in the Program, I understand that I must strictly follow any Butler Tech rules and protocols, safety instructions, and directions provided by instructors, other Butler Tech staff members, as well as outside community business partners. I further understand and agree that I must immediately report any incidents to staff if they occur.

My signature below indicates that I agree to hold harmless the Butler Tech Governing Board and that I assume all such risks including any damages from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I may sustain as a result of participating in any such activities.

RELEASE OF ALL CLAIMS

I hereby, for myself, and for all of my heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of my participating in the Program at Butler Tech. Furthermore, I agree on behalf of myself not to sue the Butler Tech Governing Board, or any of its officers, employees or agents, in their individual or official capacities, from any liability, actions, causes of action, claims, judgment cost or expense, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my participating in the Program.

I, on behalf of myself, agree to indemnify and hold the Butler Tech Governing Board harmless from any loss or damages incurred by Butler Tech as a consequence of my voluntary participation in the Program.

Student Name [PLEASE PRINT]: _____ Date: _____

Signature: _____

Parent or Legal Guardian must complete this section of the Assumption of Risk and Release.

I certify that I am the parent/guardian of a child wishing to participate in the Program at Butler Tech. I further authorize my student to participate in the activities indicated herein. I acknowledge and agree that participation in the activities are voluntary and I agree, on behalf of myself and my child, to assume all risks associated with such participation. With my signature below, I acknowledge that that I have read the forgoing Assumption of Risk and Release and recognize that I am fully bound by its terms.

Parent Name [PLEASE PRINT]: _____ Date: _____

Signature: _____