

FOUR CITIES COMPACT

An Emergency Medical Form consenting to emergency care must be submitted with this completed form prior to participation in any listed activities.

RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK WAIVER

_____ (student's name) wishes to participate in a program and/or work-based learning as a student of the Four Cities Compact ("Four Cities"), and has requested the opportunity to provide his/her own transportation to the program and/or worksite, which may take place at or away from the Four Cities Compact program sites and which may be outside regular school hours. Public school transportation is available and provided by the resident school district to and from the school district offering the program, but not to and from the worksite, each day in accordance with Ohio law and regulations.

As a condition of participation, Student hereby agrees:

I am fully aware that there are special dangers and risks associated with providing my own transportation to the program site or work-based learning location, including, but not limited to, the potential for an automobile accident that may result in injury to persons including myself and/or property damage.

Being fully informed of these risks and in consideration for choosing to participate in the programs and work based learning, I hereby assume all risk of injury, damage, and liability arising from my participation in the activity as well as my provision for transportation to the event. I have read and understand this Release of Liability/ Informed Consent/Assumption of Risk Waiver agreement.

Student's Signature: _____ Date: _____

Print Your Name Here: _____ Grade: _____

I certify that I am the parent/legal guardian of the above-named student, and that I have read and understand this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I certify that I have explained the risks and dangers to my child. I certify that I have completed, signed, and returned an Emergency Medical Authorization form consenting to emergency medical treatment for my child. I hereby release and hold harmless Four Cities Compact and its member districts, volunteers, employees and agents associated with the career technical student competition and related activities 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 child while participating in or driving to/from this activity. I understand that public school transportation is provided by the resident school to and from the program school each day in accordance with Ohio law and regulations. I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my child be permitted to participate in this activity.

Parent/Guardian Signature: _____ Date:

_____ Print Your Name Here: _____