Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of Liability Form

Palmer High School Personal Project

Parent/Guardian Copy

Dear Parent/Guardian,

Your Palmer High School sophomore is in the process of completing a personal project. During conversations with his/her faculty supervisor, concerns were raised about issues of safety in the completion of this project.

Since the bulk of this project is completed independently and after school, we ask that you acknowledge awareness of and responsibility for the risks associated with this project, and/or advise your student to change the project goal to something entailing less risk.

Below, please find a short description of the current project goal and action steps identified as potentially higher risk.

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Please sign and date the statement below and return to Carolyn Derr, IB MYP Coordinator at Palmer High School.

“I am aware of the risks involved in my student’s chosen personal project and grant permission for him/her to continue working on this project as described. Further, I agree to hold School District 11 and its staff harmless if my student is injured while participating in this program while off school campus and not under the direct supervision of District 11 staff.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Print Name Date

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of Liability Form

Palmer High School Personal Project

School Copy

Dear Parent/Guardian,

Your Palmer High School sophomore is in the process of completing a personal project. During conversations with his/her faculty supervisor, concerns were raised about issues of safety in the completion of this project.

Since the bulk of this project is completed independently and after school, we ask that you acknowledge awareness of and responsibility for the risks associated with this project, and/or advise your student to change the project goal to something entailing less risk.

Below, please find a short description of the current project goal and action steps identified as potentially higher risk.

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Please sign and date the statement below and return to Carolyn Derr, IB MYP Coordinator at Palmer High School.

“I am aware of the risks involved in my student’s chosen personal project and grant permission for him/her to continue working on this project as described. Further, I agree to hold School District 11 and its staff harmless if my student is injured while participating in this program while off school campus and not under the direct supervision of District 11 staff.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Print Name Date