

**CAREER-TECHNICAL EDUCATION PROGRAM
INFORMED CONSENT AND LIABILITY RELEASE
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

Programs: Cosmetology, Machine Technology, Medical, Upholstery, Welding

Student's Name (Please Print)

Birth Date

Student's Address

Course Title

As a participant in the above coursework, I understand and acknowledge that career-technical education programs, by its very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such training. Hazards of these classes include, but are not limited to, the following:

Hand tools	Flammable liquids	Paint Exposure
Hand power tools	Chemical exposure	Heat Exposure
Fixed power tools	Hot surfaces/hot materials	Bites/scratches
Toxic Substances	Live electricity	Injections/shots/blood draws

I understand and acknowledge that some of the injuries and/or illnesses that may result from participation in a project-based program include, but are not limited to, the following:

Lacerations (cuts)	Electric shock, fainting	Allergic Reactions
Avulsions (loss of body part)	Burns/subdermal hematoma	Skin Irritations/Rash
Contusions, bleeding	Unconsciousness, fainting	Eye Irritations
Sprains/Strains	Back and/or head injuries	Infections/infectious disease
Fractured bones	Paralysis/bleeding	Sickness, swelling
Loss of eyesight	Needle stick	

I understand and acknowledge that participation in programs in which there is a potential risk, is an integral part of the training process. In addition, I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards may be removed from this program.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in the above programs.

I agree to, and do hereby release and hold the Simi Valley Unified School District and its officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to safety.

I acknowledge that I have carefully read this "Informed Consent and Liability Release, Acknowledgment and Assumption of Potential Risk" form. I understand and agree to its terms.

Signature (participant)

Parent Signature (if under 18) Date

Home Telephone

Emergency Contact

Emergency Contact Phone Number