

TRINITY AREA SCHOOL DISTRICT

Trinity High School Veterinary Assistant Technology Program Participation Agreement – interaction/treatment of live animals

Please read the following carefully. If you have any questions, please have them answered before signing this document; your signature constitutes a representation that your questions, if any, have been answered to your satisfaction and that you fully understand the terms and implications of this Participation Agreement.

I, _____, am a Trinity Area High School student aged 18 or older. In consideration of permission from the Trinity Area School District (TASD) for me to participate in the component of the Veterinary Assistant Technology Program which will involve interaction with and/or treatment of live animals, and in full recognition of and appreciation for the dangers and risks inherent in such interaction/treatment, I understand and agree that the Trinity Area School District, its officers, employees, Board of Directors, members, agents, teachers, volunteers, chaperones, representatives and insurers shall not be liable for any injury or illness I may suffer as a result of or in any way arising out of my participation in this component of the Program. I assume full responsibility for using reasonable judgment in all phases of participation in the Program, including travel to and from locations at which I will be exposed to, be involved in the treatment of, and/or otherwise interact with live animals. To that end, I hereby release, discharge and agree to hold harmless the Trinity Area School District, its Board of Directors, members, employees, agents, teachers, volunteers, chaperones, representatives and insurers, from any and all liability arising out of or in connection with my participation in this component of the Program, including but not limited to all claims, demands, losses, causes of actions, suits or judgments of any kind that I, my heirs, executors, administrators, and assigns may have against the School District and/or its Board of Directors, members, agents, employees, officers, teachers, volunteers, chaperones, representatives and insurers because of my personal, physical or emotional injury, accident, illness or death or because of any loss or damage to property that occurs to me or to my property during my participation in this component of the Program.

I acknowledge that I have carefully read this Participation Agreement and that I am fully aware of the legal consequences of my execution of it, and agree to its terms, understanding that I am waiving certain rights and assuming the risk of damage or liability from my participation in this component of the Program.

I further acknowledge that I will not be compensated for any services provided by me while participating in this component of the Program, as I will be participating as a trainee, working under the supervision of an experienced practitioner, and not as an employee.

Participant's name: _____

Participant's signature: _____

Date: _____