

## TRINITY AREA SCHOOL DISTRICT

\*Trinity High School Veterinary Assistant Technology Program Participant 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/We, \_\_\_\_\_, is/are the Parent(s) or Legal Guardian(s) of a Trinity Area High School student, \_\_\_\_\_. In consideration of permission from the Trinity Area School District (TASD) for my/our student 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/We 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 my/our Student may suffer as a result of or in any way arising out of his/her participation in this component of the Program. I/We acknowledge and agree that my/our Student will assume full responsibility for using reasonable judgment in all phases of participation in the Program, including travel to and from locations at which he/she will be exposed to, be involved in the treatment of, and/or otherwise interact with live animals. To that end, I/We 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/our Student's 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/ We and/or my/our Student, my/our/his her respective 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/our Student's personal, physical or emotional injury, accident, illness or death or because of any loss or damage to property that occurs to my/our Student or to my/our/his/her property during my/our Student's participation in this component of the Program.

I/We and my/our Student acknowledge that I/We and he/she has/ have carefully read this Participation Agreement and that I/ We and my/our Student are fully aware of the legal consequences of our execution of it, and agree to its terms, understanding that I/We/ and my/our Student are waiving certain rights and assuming the risk of damage or liability from my/our Student's participation in this component of the Program.

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

---

Student's name

---

Date

---

Name of Parent/ Legal Guardian

---

Date

---

Name of Parent/ Legal Guardian

---

Date

---

Students's signature

---

Signature of Parent/ Legal Guardian

---

Signature of Parent/ Legal Guardian