

Medical Release/Participation Waiver

By signing below, I acknowledge that my student will be using power tools and other equipment during the field trip. I understand the potential dangers associated with the use of these tools. I hereby release Parkland College and their board members, employees, and agents from any claims and damages for any harm arising from my student's participation in the field trip. Additionally, in case of emergency, I give my permission to have properly trained medical professionals treat my son/daughter.

Parent/Guardian Signature: _____

Student Name: _____

Date: _____