



Release Form for IT Career Paths

I, _____, (name of parent) on behalf of my child _____, (name of child), understand that my child will be participating in the IT Career Paths program sponsored by Carroll Community College. I fully understand and accept that as part of this program my child will be transported by the College to several different locations within Carroll County and one location in Baltimore County to visit several different businesses and work sites.

My child agrees to abide by all the rules, regulations, and directions provided by the College personnel. I understand that failure to do so may result in unnecessary harm to my child or others and may result in my child’s termination from further participation in the program.

I agree to release and hold harmless the Board of Trustees of Carroll Community College and all other participating businesses and entities, including their officers, employees, volunteers, agents, successors and assigns, from any and all claims, liabilities, damages, demands, costs, expenses, or judgments including attorney’s fees and court costs (hereinafter collectively referred to as “claims”) arising from or in any way connected with my child’s participation in the program.

I understand that by executing this Release, I waive on my behalf and my child’s any future right to seek redress against Carroll Community College or the participating agencies in any forum for incidents or actions, which may occur as a result of my child’s participation in the program.

I execute this Waiver, Release and Hold Harmless agreement voluntarily and certify that I have read, fully understand, and agree to the terms in consideration for my child being allowed to voluntarily participate in the program.

If this signed form is not returned to school before the scheduled event, your child(ren) may NOT participate in this event or activity.

I hereby grant permission for my child(ren) to participate in the above described program:

Name of Child(ren):

Parent or Legal Guardian:

Printed Name

Date

Signature of Parent or Legal Guardian