



## CEANCI EDUCATION PROGRAM PARENT PERMISSION AND LIABILITY RELEASE

My son/daughter, \_\_\_\_\_ has my permission to participate in Regional Programs, offered by regional high schools, Rockford Career College, and Educators of Beauty, thru CEANCI. I realize that \_\_\_\_\_ High School is using the CEANCI consortium as an extension of our classroom to provide additional academic opportunities for my son/daughter; this experience has been set up solely for the benefit of my child. My son/daughter is covered by medical insurance.

There is the potential for harm to my child. I understand that precautions will be taken to protect my son/daughter from injury through safety instruction and other precautions.

My son/daughter has my permission to use our vehicle to drive between \_\_\_\_\_ High School and the Regional Program locations. My son/daughter is covered by automotive insurance.

Injury or illness that may occur during the time the student is participating in this program is the full responsibility of the parent. In the event of injury or illness due to participation in any CEANCI program, we the student and parent(s) will not hold CEANCI, the host site, owners, employees, or other representatives or my child's school district, or other representatives of such organizations liable in any way.

In consideration of my son's/daughter's opportunity to participate in a CEANCI Education Program, I hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my son/daughter by a physician, qualified nurse, and/or hospital, in the event of accident, injury or illness during all periods of time in which the student is traveling to or from the approved site or is at the approved site. I realize that I will be responsible for any and all medical costs, and hereby waive on behalf of myself and the above named child any liability of the \_\_\_\_\_ School District, any of its agents or employees, arising out of such accident, injury, illness, or medical treatment.

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**Student Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Parent or Guardian (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_