Chicago High School for Agricultural Sciences

Liability Release Statement 2020-2021

I understand and appreciate the risks inherent in the nature of agricultural related work and I voluntarily and knowingly assume those risks. I release Chicago High School for Agricultural Sciences, its employees, officers, and staff from any liability for any injury or loss I might incur in connection with the agriculture program.

I, for myself and my child, waive and release forever any and all rights for claims and damages I may have against the Chicago High School for Agricultural Sciences, its officers, and employees, including the staff members and supervisors, in any manner due to any personal injury or property loss sustained by me as a result of my participation in the activities associated with the agriculture program.

I agree to follow the standards established for student conduct in the agriculture program, as outlined above.

I understand that I am responsible for my own welfare and safety.

________________________________________________________________________

Student’s Name (printed)  Student’s Grade Level

________________________________________________________________________

Student’s Signature  Date

________________________________________________________________________

Parent/Guardian’s Signature  Date


Chicago High School for Agricultural Sciences

Vehicle Waiver 2020-2021

The agricultural program at CHSAS includes classroom instruction, FFA, and SAE (Supervised Agricultural Experience). The administration and faculty provide work-based learning, educational trips, and FFA events in order for students to fully experience opportunities in each area of the agricultural program.

Many of the experiences require student transportation in CHSAS vehicles. All drivers are administration, faculty, or staff who are insured and licensed to transport students. Your student will receive a permission slip when any of the above experiences occur.

Please sign this form allowing your student to be a passenger in CHSAS vehicles. We look forward to providing great opportunities for growth beyond the classroom this year.

*My student has permission to be a passenger in CHSAS vehicles for learning experiences outside of the classroom.*

________________________________________________________________________

Student’s Name (printed)  Student’s Grade Level

________________________________________________________________________

Parent/Guardian’s Signature  Date