

## Parental Permission and Liability Release Form

I, [Parent/Guardian Name], hereby grant permission for my child, [Student Name], to participate in the Chesapeake College Emergency Medical Technician (the "EMT Class").

I understand that the EMT Class may involve physical activity, some of which may be strenuous, including but not limited to lifting, carrying, and providing medical assistance to individuals in real and simulated emergency situations.

I acknowledge that participation in the EMT Class may involve certain risks to my child, including but not limited to physical injury, illness, exposure to communicable or other diseases, potential exposure to toxic substances, or property damage. I understand that such risks cannot be completely eliminated even with reasonable efforts to reduce risk.

In consideration for my child being permitted to participate in the EMT Class, I hereby release, waive, discharge, and covenant not to sue the organizers, instructors, and facilities associated with the EMT Class, including but not limited to Chesapeake College, its Trustees, officers, employees, and agents (hereinafter referred to as "Released Parties"), from any and all liability, claims, demands, actions, or causes of action of any kind arising out of or related to any loss, damage, illness or injury, including death, that may be sustained by my child while participating in the Chesapeake College EMT Class.

I agree to indemnify and hold harmless the Released Parties from any and all liabilities, costs, and/or claims made by third parties arising out of my child's participation in the EMT Class.

I understand that my child is expected to comply with all rules, regulations, and instructions provided by the instructors and staff during the EMT Class.

I consent to my child receiving emergency medical treatment that may be deemed necessary by medical professionals in the event of any injury or illness incurred by my child during the EMT Class.

I certify that my child is in good physical health and is capable of participating in the activities involved in the EMT Class, including physical activities that may be strenuous.

I understand that this parental permission and liability release form is legally binding and shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have read this form carefully and fully understand its contents. I voluntarily agree to its terms and conditions on behalf of myself and my child, [Student Name].

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ **[Please retain a copy of this form for your records.]**