

Career Exploration: Workshop
Student Safety Guidelines and Contract

Please print off contract. Fill, sign and date. Then email photo or PDF copy of contract to pce@parkland.edu or bring the day of the event.

During the Career Exploration Workshop at Parkland College students will gain an inside look at a variety of careers and professions and will use professional tools. Due to the inherent danger associated with a variety of equipment, and so students may have a safe experience, students must agree to the following:

- 1. Follow all instructions, safety rules and precautions provided by Parkland faculty.**
- 2. Always act in a responsible manner.**
- 3. Wear safety equipment as directed by Parkland faculty/staff.**
- 4. Wear appropriate attire (long pants and closed-toe shoes).**

Parents/Guardians: By signing below, I acknowledge that my student will be using power tools and other equipment during this 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 this field trip. Additionally, in case of emergency, I give my permission to have properly trained medical professionals treat my son/daughter. I confirm that I have read and discussed these safety expectations with my son/daughter and they agree to abide by these rules.

Student Name _____

Parent Printed Name _____

Parent Signature: _____

Date: _____

Should a student fail to follow the directions, procedures, and safety precautions set forth by the instructors or other Parkland staff members, the student will not be allowed to participate in that day's hands-on activity.

Emergency Medical Information

Emergency Contact & Phone Number: _____

Secondary Emergency Contact & Phone Number: _____

Name of Student's Doctor Hospital Preferred: _____

**Parkland College
Marketing and Public Relations**

PHOTO and IMAGE RELEASE (Minor Child)

I, _____, the parent or legal guardian of _____
_____, hereby acknowledge and grant permission to Parkland College to use
for reproduction, public distribution, or display all photographs and video recordings taken of my
child by representatives of Parkland College. I understand that Parkland College may use these
images and recordings for purposes of promotion of Parkland College and may use them at any
time on the college website and social media outlets, in college publications, or in media outlets
including newspapers, billboards, and television, radio, and website advertising. Furthermore, I
understand that no royalty, fee, or other compensation shall become payable to me because of
such use.

Parent or Guardian Signature

Date: _____