



Waiver of Liability Agreement for Laboratory Participation

I, _____ voluntarily apply to participate in the laboratory portion of the
_____ Course provided by Termark Technical Institute.

I AM AWARE THAT DISPITE ANY AND ALL SAFETY PRECAUTIONS THAT THERE IS ALWAYS A REMOTE CHANCE I COULD BE SERIOUSLY INJURED OR EVEN KILLED WHILE PARTICIPATING IN THIS SCHOOL FUNCTION. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. I forever release Termark Technical Institute; it's parent entity, The Susquehanna Group LLC; it's management, directors, officers, employees, agents, contractors, and representatives; my instructor(s) or lab supervisors; the school's facility; manufacturer's of any tools or test equipment utilized in the lab, etc. herein jointly called Releasees from any and all actions, claims, demands that I, my assignees, heirs, distributes, next of kin, spouse and legal representatives now have, or may have in the future for injury, death, property damage related to (i) my participation in these activities (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee and (iii) the condition of the equipment or premises where the activities occur. I also agree that I, my assignees, heirs, distributes, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TERMARK TECHNICAL INSTITUTE AND OTHER RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

Executed at: _____ State of _____ on _____

Signed: _____

Name Printed: _____