



ATLANTA TECHNICAL COLLEGE

LIMITED LAB ACCESS STUDENT WAIVER

I, _____ (Student Name), understand that my participation in the offered lab assignment is voluntary and that I would be given an opportunity to perform the assignment at a later time if I chose. I am freely and voluntarily choosing to participate in the offered lab assignment, being fully aware of the potential risk related to transmission of the COVID-19 virus. I have had all of my questions addressed and am waiving any claim I might have, now or in the future, related to any injury or illness I could potentially sustain due to participation in the offered lab assignment. Furthermore, I am giving my express permission to be medically examined prior to commencing the lab assignment.

Signature: _____

Date: _____

LIMITED LAB ACCESS FOR DUAL ENROLLMENT STUDENT WAIVER

I, _____ (Name), am the parent or legal guardian of _____ (Student Name), and understand that his/her participation in the offered lab assignment is voluntary and that he/she would be given an opportunity to perform the assignment at a later time if he/she chose. He/she is freely and voluntarily choosing to participate in the offered lab assignment, being fully aware of the potential risk related to transmission of the COVID-19 virus. I have had all of my questions addressed and am waiving any claim that he/she might have, now or in the future, related to any injury or illness he/she could potentially sustain due to participation in the offered lab assignment. Furthermore, I am giving my express permission for _____ (Student Name) to be medically examined prior to commencing the lab assignment.

Signature: _____

Date: _____