



Parental Permission for Use of Hand Held Power Tools

Parents,

Please print, sign and return this form to the address below by May 20th. We need your signed release before your child can participate in this class.

Bright Lights
Attn: Power Tools Authorization
5561 S. 48th St., Suite 220
Lincoln, NE 68516

I understand that this class may require the use of hand held power tools for the projects. My signature below authorizes (print student name) _____
_____ to participate in (name of class)_____.

I realize that participation involves the potential for injury.

I understand and acknowledge that parents are obligated to pay for professional medical and/or other related services; that Bright Lights and/or Lincoln Public Schools shall not be liable for payment of such services.

Equipment that is intentionally damaged or lost will be the responsibility of the students.

I understand that Bright Lights and/or Lincoln Public Schools are not responsible for any injury that should occur to my child while participating in this program.

(Printed Parent Name)

(Parent Signature)

(Date)