

Senior Capstone Project

Parent/Guardian Consent/Liability Release Form

To the Parents/Guardians of : _____

You son/daughter is about to embark upon an exciting educational journey! The Senior Capstone Project will provide enormous benefits for your child now and for the future. Successful completion of the Senior Capstone Project is a valuable tool in determining their mastery of the educational content they have learned over the past 12 years, as well as providing them the opportunity to learn and practice critical 21st century skills that they will need for their future ventures.

Please take some time to discuss the project with your child, and initial each of the items below indicating that you have read, and approve each.

_____ I approve of my child's selected Senior Capstone Project.

_____ I acknowledge that the intent of the Senior Capstone Project is to stretch my child to learn and demonstrate new skills and/or knowledge. I agree that my child's Capstone project will achieve this goal.

_____ I understand that most of the work required to complete the Senior Capstone Project will be completed outside of normal school hours.

_____ I understand that all transportation for work related to the Senior Capstone Project is the responsibility of the student or parent.

_____ I understand that all costs and risks associated with the Senior Capstone Project are the responsibility of the student or parent.

_____ I understand that my student will be required to keep an activity log that outlines time spent on major tasks of the Senior Capstone Project.

_____ I understand that integrity and honesty are just as important as all other aspects of the Senior Capstone Project. Any suspicion that my child has plagiarized or has been dishonest in any aspect of the Senior Capstone Project process may result in a referral to the school administration.

I understand that the school, State, and their agents are not responsible for any potential risks resulting from the Senior Capstone Project. Accordingly, I release Wamogo Regional High School, the State Department of Education and their agents from all claims arising from any financial obligation incurred, and damage, injury, or accident suffered while my child participates in the Senior Capstone Project.

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____ Date _____