

STATEMENT OF RESPONSIBILITY

We have participated in the District's counseling program for students who wish to enroll in the College Credit Plus program.

We understand the potential positive and negative consequences that could result from such participation and take full responsibility for the decision. We agree to release the District from any liability or responsibility related to participation in this program.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and Zip

\_\_\_\_\_  
Telephone

8/5/15