



**SAU Tech Welding Academy  
RELEASE FORM**

By signing this document you are agreeing to the following: For and in consideration of the agreement of SAU Tech to permit me to use the equipment and facilities located at the SAU Tech Welding Academy, the undersigned for himself, herself, and his or her heirs and assigns hereby releases and holds harmless SAU Tech, its agents, servants and employees, including the SAU System Board of Trustees, and from and against all actions, claims, damages, loses, costs and expenses incurred in connection with or arising out of the undersign' s use of the equipment and facilities at the SAU Tech Welding Academy, including but not limited to future negligence of SAU Tech, its agents, servants and employees and the SAU System Board of Trustees.

The undersigned acknowledges that he/she will be performing physical activities in connection with welding processes and the use of such equipment and acknowledges that the possibility of injuries by themselves or a third person exist and could result in physical injury or death to the undersigned. The undersigned assumes the risk of all injuries, including death, arising out of or in any way connected to his/her use of the SAU Tech Welding Academy's facilities and/or equipment. It is the desire of the undersigned to allow permission for emergency treatment and transportation when judged necessary by the Welding Academy Instructor or his/her designee.

**IF YOU ARE UNDER THE AGE OF 18, YOU MUST PRINT OFF THIS RELEASE FORM FROM OUR WEBSITE AND YOUR AND YOUR PARENT OR GUARDIAN MUST SIGN IT AND MAIL IT OR EMAIL IT TO SAU TECH.**

***Please complete the online from as well to pick your welding test time and date and to provide us with your contact information.***

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

If the student is under 18 years of age, a signature from the student's parent or guardian must be provided below.

\_\_\_\_\_  
Parent or Guardian of Student (Printed)

\_\_\_\_\_  
Parent or Guardian of Student Signature

\_\_\_\_\_  
Date

SAU Tech Welding Academy  
PO Box 3499  
Camden, Arkansas 71711

Or email the form to [pevans@sautech.edu](mailto:pevans@sautech.edu)