

Please read the lab safety contract and indicate your agreement by signing below. This must be turned in to Mrs. Arriola before doing any labs.

Student: I have reviewed and understand the safety rules above. I agree to abide by all conditions and directions and safety rules given by the instructor. I understand that failure to follow these safety rules may result in an adverse grade for the lab, missed opportunity to participate in the lab and possible removal from the class during lab.

Print student name

Student signature

Date

Parent or Guardian: I have reviewed these rules and agree to support my child and the teacher in maintaining a safe lab environment.

Parent or guardian signature

Date

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