

**MSAD #37/Coastal Washington County Institute of Technology**  
**11 Addison Road - Columbia, ME 04623**  
**207-483-2200**

**GENERAL LIVE LEARNING PROJECT REQUEST FORM**

*All operations performed on instructional projects are conducted by the students as live learning experience. All instructional projects shall meet the educational requirements of the approved Program Curriculum.*

**THE FACULTY OF THE CENTER RESERVES THE RIGHT TO ACCEPT OR REJECT ANY PROJECT REQUESTS.**

CLIENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROGRAM INVOLVED: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROJECT DESCRIPTION: Give pertinent information required for the instructional project, i.e., specifications, dimensions, etc. (Attach sheet to this form if additional space is needed)

**AGREEMENT:** *I, the undersigned, hereby agree to indemnify and save harmless Coastal Washington County Institute of Technology, the School Board, and any agents, officers, or employees thereof, against any course or action, claims or damages, theft, or injuries arising out of, or in any way connected with the learning experience involved; and to accept full responsibility for the cost which will be incurred in the preparation and repair of the above described instructional project. I also realize that this educational program is under no obligation to complete the project or to meet the requested completion date indicated above. As an educational project, there is NO implied Guarantee or Warranty on instructional projects. **Payment for materials costs is required before work on the project begins. Payment in full for other operational costs is required before the instructional project is released.***

CLIENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**LIVE LEARNING PROJECT COST SHEET**

Materials Needed and Estimated Cost:

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Programming Costs involved in Project: (costs of operating equipment)

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Any other costs or obligations for client:

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Competency Duties and Tasks met by completing project \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Project Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Completion Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor Approval \_\_\_\_\_