

LIVE WORK REQUEST FORM
Sanford Regional Technical Center

All operations performed on instructional projects are conducted by the students as an applied learning experience. All instructional projects shall meet the educational requirements of the approved program curriculum.

The Faculty and/or Director of the Sanford Regional Technical Center reserve the right to accept or reject any project requests.

Client's Name: _____ Telephone: _____

Mailing Address: _____

SRTC Program Involved: _____ Instructor: _____

Date of Request: _____ Requested Completion Date: _____

Project Description: *Give pertinent information required for the instructional project, i.e. specifications, dimensions, etc. (Attach additional paper as needed)*

AGREEMENT: I, the undersigned, hereby agree to hold harmless the Sanford School Department School Committee, and any agents, officers, or employees thereof, against any courses of action, claims of 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 every effort will be made to complete the project in a timely manner; however, due to certain circumstances the project may not be completed in established time frame. As an educational project, there is NO implied Guarantee or Warranty on instructional projects. Payment in full is required before the instructional project is released.

Client's Signature: _____ Date: _____

Office Use Only

List competency duties and tasks met by completing this project: _____

Estimated Cost: \$ _____ + Scholarship donation (\$25 or 10%): \$ _____ = Total cost: \$ _____

Project Start Date: ___/___/___ Project Completion Date: ___/___/___

Instructor Approval: _____ Date: _____

SRTC Director's Approval: _____ Date: _____

Approved: April 4, 2016
Updated: 3-21-16 – Coding updated from IJI-E to IHAI-E