



CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM
CAREER-TECHNICAL PROGRAM
LIVE – WORK CONTRACT

Date _____

Course _____

Instructor Signature _____

Student _____

- 1. I understand that all services will be performed by students. Live work is used as an educational aid and is performed as class time permits.
- 2. Neither the school system nor the instructor assumes any responsibility for damages.
- 3. I agree to furnish any parts or materials needed to make repairs.
- 4. I understand that no special security will be provided for projects that remain overnight on school premises, and that the School System nor the instructor assumes any liability during the period the project is ongoing.
- 5. I agree to pay the posted charges for requested service.

Type of Service _____

Parent/Customer _____ Signature _____
NAME PRINTED OR TYPED

Address and Phone Number _____

- Copy for customer
- Original on file