

Equipment Use Permission Slip

By signing this document I acknowledge my consent for my child to use audio and visual equipment from Stoughton High School. I agree that I will pay for any damages as the result of my child’s negligence when using equipment. I give my child permission to sign out and use Stoughton High School audio and visual equipment.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_