

STUDENT'S LAST NAME: _____ STUDENT'S FIRST NAME: _____

GRAD NIGHT PARTICIPANT RELEASE AND WAIVER OF LIABILITY

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

The undersigned hereby certifies that I am the legal parent/guardian of _____ a graduate (hereinafter the "PARTICIPANT") participating in GRAD NIGHT activities at an undisclosed location (hereinafter the "FACILITY"). In consideration of being permitted to enter the FACILITY'S premises and being granted access to the FACILITY'S amenities and services, and being permitted to participate in any of the GRAD NIGHT activities at the FACILITY, the undersigned:

1. Agrees that he/she will instruct the PARTICIPANT that he or she must adhere to the FACILITY'S Rules of Conduct and may not be under the influence of, or use, illegal drugs, tobacco or alcohol prior to or during the event.
2. Agrees that any damages caused by the PARTICIPANT will be paid by the undersigned to the owner(s) of the damaged item(s).
3. Represents that the PARTICIPANT has medical coverage and has been released to participate in the activities conducted during GRAD NIGHT by his/her personal physician and understands that in the event of a medical emergency, the undersigned or the listed emergency contact person will be notified immediately, and if neither are available for consultation, grants permission to the FACILITY to obtain medical treatment as deemed necessary.
4. Hereby releases, waives and discharges the FACILITY, including its officers, agents, employees, managers, independent contractors, parent organizations, subsidiaries, affiliates and personnel ("Releasees") from, and agrees and covenants not to sue Releasees for, any claim, liability, or demand of any kind or on account of any personal injury, temporary or permanent disability, death, property damage, or other damages to PARTICIPANT or the undersigned, whether caused by the negligence of Releasees or otherwise, resulting from or in any way associated with the PARTICIPANT or undersigned's entry on the FACILITY'S premises or use of the FACILITY'S amenities and services, or participation in any of the GRAD NIGHT activities at the FACILITY. Further, the undersigned agrees and covenants to indemnify Releasees for, and hold Releasees harmless, from any such claims, liabilities or demands.
5. HEREBY VOLUNTARILY ASSUMES ALL RISKS of personal injury, including temporary or permanent disability or death, property damage, economic losses, and/or other damages to PARTICIPANT and/or undersigned resulting from or in any way associated with the PARTICIPANT or undersigned's entry on the FACILITY'S premises or use of the FACILITY'S amenities and services, or participation in any of the GRAD NIGHT activities at the FACILITY.
6. Acknowledges and agrees that this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT is intended to be, and is, a complete release of any responsibility of Releasees for personal injuries and/or temporary or permanent disability or death and/or property loss/damage sustained by the PARTICIPANT or undersigned while one th FACILITY'S premises or while using the FACILITY'S amenities and services, or while participating in any of the GRAD NIGHT activities at the FACILITY; and undersigned further acknowledges and agrees that it is specifically intended to and does include release, waiver, assumption of risk and indemnity as to premises liability claims such as (by example, not limitation) slip & falls and/or trip & falls at the FACILITY.
7. Understands that this waiver and release is intended to be as broad and inclusive as permitted by the laws of this state and that if any portion of this waiver and release is held invalid, the balance shall continue in full legal force and effect.

The undersigned confirms that he/she has read and understands this GRAD NIGHT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and acknowledges and agrees to its terms, and signs it freely and voluntarily.

Signature of Graduate (PARTICIPANT) _____ Date _____

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name _____ Graduate's Name _____

Home Number _____ Cell Number _____

Name of Emergency Contact _____ Phone Number _____

Allergies, or any other health conditions, if any _____

STUDENT'S LAST NAME: _____ STUDENT'S FIRST NAME: _____

MEDICAL RELEASE/PERMISSION TO ATTEND

HERITAGE HIGH SCHOOL CLASS OF 2019 ALL NIGHT GRADUATION PARTY

The Graduation Party will be fun, memorable and free from alcohol and drugs. Any conduct unbecoming a graduate will be penalized by immediate removal from the bus and/or facility. If this should occur, parents/legal guardians will be called to pick up their son/daughter. No refunds will be granted under these circumstances.

I (we) understand the Graduation Party is not a school sponsored event and Evergreen Public Schools assumes no legal liability associated with this event. I (we) agree to abide by the rules and directions established by the HHS Senior Parent Group, which is composed of parents who have organized the event. I (we) hereby assume all the risks associated with attendance and participation at the event, and agree to hold Evergreen Public Schools, HHS and each member of the HHS Senior Parent Group harmless from all liability claims of any nature which may arise in connection with the event.

Student's Name (Please Print) Signature of Student Date

Parent/Legal Guardian Name (Please Print) Signature of Parent/Legal Guardian Date

Email of Parent/Legal Guardian Home Phone Cell Phone

STUDENT REGISTRATION & MEDICAL RELEASE

Complete all lines. This information will be used solely to allow admittance of the student to the graduation party while in possession of the listed medication(s) and in the event of an emergency.

STUDENT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ DATE OF LAST TETANUS SHOT: _____

PARENT/LEGAL GUARDIAN: _____ PHONE NUMBER: _____

EMERGENCY CONTACT NAME (Other than Parent/Guardian): _____

RELATIONSHIP TO STUDENT: _____ PHONE NUMBER: _____

PHYSICIAN: _____ PHYSICIAN PHONE: _____

MEDICATIONS: _____

CHRONIC ILLNESSES/ALLERGIES: _____

INSURANCE PROVIDER: _____ POLICY NUMBER: _____

DOES YOUR STUDENT HAVE A LIFE-THREATENING FOOD ALLERGY OR ILLNESS? YES or NO IF YES, PLEASE SUBMIT AN EMERGENCY CARE PLAN OR CONTACT US PRIOR TO THE EVENT.

- Prescription medication must be in the original container labeled by the pharmacist with the name of the student, the name of the medication, the dosage and frequency in which the medication is to be taken.
- Over the counter medications must be in the original container.
- Any medications not listed are subject to confiscation.
- Medications will be made available to your student. If you have questions, or if your student has special needs of which our volunteers should be aware of, please contact us. heritageseniorparents@gmail.com

CONSENT TO MEDICAL CARE AND TREATMENT:

If I, _____, cannot be reached in the event of an emergency, I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for:

Signature of Parent/Legal Guardian Date