School Program Waiver 2019

Consent and Release Form

Parents/Guardians/Students:

Please complete and sign this form. Your student needs to bring this completed release form to be able to participate in recreation at the graduation party venue held on: _____May__28_____, 2019.

Note: All participants are required to have an emergency contact number on this release.

Please print:

STUDENT NAME:_____Age: _____
PARENT/GUARDIAN NAME:_____
ADDRESS:_____PHONE (____) _____-_____
EMERGENCY CONTACT: Name, Relationship and Telephone # (where you can be contacted during the evening of the date above)

_____
Name Relationship Telephone

Please list any health considerations or pre-existing injuries/conditions of the student that you are aware of. List any medications that the student will have with him/her that evening.

Health Concerns:_____

Meds: _____

The Student and Parent/Guardian agree that the student shall comply with all the rules, posted safety signs, and verbal instructions as conditions for participation in any party and/or program at the party site; and understand the activities at the party site have inherent risks and may result in serious injury, paralysis or death. The student and parent/guardian further understand that the activities will be shared with others over whom the school, parent committee, and party site have no control.

The Student and Parent/Guardian, on their own behalf and on behalf of their respective heirs, assigns, administrators, personal representatives, and next of kin, knowingly and freely accept and assume all risks of participating in the party, whether known and unknown, even if arising from negligence from other participants or employees, and AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE, AND HOLD HARMLESS _____School District; the parent committee and their members, principals, officers, owners, agents, employees, equipment manufacturers, sponsoring agencies, and other participants with respect to any and all claims; liabilities or damages, including personal injury or death, to the fullest extent of the law. In addition, the Student and Parent/Guardian fully agree to pay for all medical costs, attorney's fees, and all other damages from injury or death to the Student or property damage caused by the Student. The Student and Parent/Guardian each have carefully read this agreement and release of liability and fully understand its contents and agree to the terms and conditions it contains.

By signing here; I am committing to the rules of the 2019 HPS Parent Sponsored Senior Overnight Graduation Lock In plan.

Parent or Guardian Signature:_____Telephone# _____

_____Telephone # _____
Student Signature *(PLEASE PRINT)*