AHS Class of 2015 SANP

GRANT OF PERMISSION, LIABILITY WAIVER, EMERGENCY MEDICAL TREATMENT CONSENT & CONDUCT AGREEMENT

Full Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANT OF PERMISSION: I, the parent/legal guardian of the above named student, a Member of the Class of 2015 at Allendale High School, hereby grant permission for the aforementioned student to participate in the Class of 2015 SANP beginning at Allendale High School beginning on May 21st, 2015 at 10:30 p.m. and ending on May 22, 2015 at 5:00 a.m.

LIABILITY WAIVER: In consideration for being allowed to participate in the SANP conducted by AHS the undersigned parent/guardian of the Participant agrees by signing below to waive and does hereby fully release AHS and its programs and faculty coaches, staff, employees, agents, and officials from any and all claims involving an alleged defect in the premises and/or arising out of Participants use of the facility and/or participation in the SANP.

The parent or guardian, on behalf of the Participant agrees to indemnify and hold harmless AHS and its programs and faculty coaches, staff, employees, agents, and officials from any and all claims involving an alleged defect in the premises and/or arising out of Participants use of the facility, whether caused by the negligence of AHS and its programs and faculty coaches, staff, employees, agents, and officials. By signing this document, the parent/guardian on behalf of the Participant understands the risks inherent in attending SANP and voluntarily grants this release as a pre-condition to the Participant’s eligibility to participate in the SANP.

CONDUCT AGREEMENT: I/We also agree that the aforementioned student will be bound while at the party by the Allendale Public School’s Code of Conduct and any rules set by the Class of 2015 SANP Committee. We further understand that any student (1) possessing liquor, drugs, or tobacco products, or (2) who is suspected of using liquor, drugs or tobacco products, or (3) who is involved in a disruption, or (4) who in any way represents a danger to him/herself or others, will be subject to (a) removal from the premises, and (b) other appropriate action, when necessary.

PERMISSION TO SEEK EMERGENCY MEDICAL CARE: I/We hereby grant Permission to the 2015 SANP Parent representatives and volunteers to secure emergency medical treatment as they deem necessary in the event I/we are unable to be contacted.

ADMITTANCE: It is understood that admittance to the Class of 2015 SANP will be granted only to each student who has purchased a ticket and has a completed copy of this agreement on file. Once admitted, students will not be released from the party until 5:00 a.m. In case of illness or conduct violation, students will only be released to a parent or legal guardian.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number during Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*COMPLETED FORM MUST BE TURNED IN WITH PURCHASE OF SANP TICKET\*\*