**2019 ALLENDALE HIGH SCHOOL SENIOR ALL-NIGHTER PARTY**

**PERMISSION TO ATTEND/HOLD HARMLESS AGREEMENT**

**Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 

The 2019 Allendale High School Parent Committee will host a drug-free and alcohol-free, all night party following the 2019 Senior Graduation Exercises. The event is designed to provide a fun, memorable experience, celebrating the culmination of the seniors’ hard work and scholastic success. The event will take place immediately following graduation exercises on Thursday, May 23, 2019 and includes transportation to and from the event venue. Participating graduates will be returned to the high school at the end of the party (approximately 6:00 AM) the following morning.

In consideration of the services provided by the 2019 Allendale High School Parent Committee, volunteers and all other persons or entities acting on behalf of the Committee, including the hosting venue and service providers for the graduation event (the Committee), the senior and their parent/guardian agrees to the following:

1. **Participation:** We agree the senior has permission to attend the 2019 Senior All-Nighter Party. We agree the senior will arrive at the party drug-free and alcohol-free and will remain sober for the duration of the event. The senior and his/her personal belongings may be searched by the Committee prior to entering the event. Once checked in, the senior agrees to remain at the event until returned to Allendale High School the following morning. Parents are responsible to pick up the senior from Allendale High School following the party (approx. 6:00 am). If alternative transportation arrangements are made, the parents must advise the Committee prior to the event.

1. **Conduct:** We agree the senior will follow all rules and regulations established by the Committee. A parent or guardian will be called to pick up the senior if any behavioral problems arise during the 2019 Senior All-Nighter. This decision will be at the sole discretion of the Committee. The senior and parent/guardian agree to pay full replacement cost for any property damage caused directly or indirectly by the senior while participating in the 2019 Senior All-Nighter Party.
2. **Medical Permission:** We consent to the Committee obtaining necessary medical care for the senior in the case of emergency. Parent/guardian and senior agree to covering all related medical costs and to hold harmless the Committee, should the senior require medical treatment. Any medical concerns for the senior will be communicated to the Committee prior to event.
3. **Ticket price is non-refundable:** We understand all ticket proceeds are necessary to cover the event expenses and will not be refunded even if the senior is unable to participate in the event. Payment Form must be completed.
4. **Hold Harmless:** We understand the 2019 Senior All-Nighter Party is not a high school sponsored event and the school assumes no legal liability associated with the event. The senior and the parent/guardian signing this Agreement assumes all risks associated with attending the 2019 Senior All-Nighter event. Further, the senior and the parent/guardian agree to hold harmless the Committee from any and all claims which may arise in connection with the 2019 Senior All-Nighter event, including claims relating to acts or omissions of the Committee.

The senior and parent/guardian signatures are required.

**Printed Name of Senior**

**Signature of Senior** **Date**

**Senior’s Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chronic illness/allergies**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of last tetanus shot** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance provider** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Do you have a life-threatening food allergy? No YES – please specify**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name of Parent/Guardian** \_\_\_\_\_\_\_

**Signature of Parent/Guardian**  **Date**

**Parent/Guardian Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact telephone number for night of event** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name of Parent/Guardian** \_\_\_\_\_\_\_

**Signature of Parent/Guardian**  **Date**

**Parent/Guardian Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact telephone number for night of event** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact (other than parent/guardian)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact telephone number for night of event** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to senior** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SENIOR’S ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge this event involves physical, mental and emotional activities and carries with it the potential for death, serious injury and property loss. These risks include, but are not limited to, those caused by terrain, temperature, weather, condition of participants, lack of hydration, equipment, entertainment, athletic and recreational activities, vehicular traffic, actions of other people including but not limited to, participants, volunteers, officials, event monitors and/or producers of this event. These risks are not only inherent to participants, but are also present for volunteers. I hereby assume all the risks of participating or volunteering in this event.

I realize liability may arise from negligence or carelessness on the part of the persons or entities being released from equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify I am physically fit for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge this Accident Waiver and Release of Liability form will be used by the Committee and it will govern my actions and responsibilities during this event.

In consideration of my application and permitting me to participate in this event, I agree to this Waiver and Release for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge the Committee from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may occur to me while traveling to and from this event; (B) Indemnify and Hold Harmless the Committee from any and all liability or claims made as a result of participation in this event, whether caused by the negligence, carelessness, or otherwise.

I consent to receive medical treatment, which may be deemed advisable by the Committee in the event of injury, accident, and/or illness during the event.

I understand I may be photographed at this event or during related activities. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Committee.

This Senior’s Accident Waiver and Release of Liability shall be construed broadly to provide waiver and release to the maximum extent permissible under applicable law.

I certify I have read this document and understand its content.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Senior’s Name** **Signature of Senior** **Date**

**PARENT/GUARDIAN WAIVER**

The undersigned parent/guardian represents he/she agrees to hold harmless and indemnify the Committee and the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed because of the senior’s participation in the event, and release the Committee on behalf of the senior and the parent/guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Parent/Guardian’s Name** **Signature of Parent/Guardian** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Parent/Guardian’s Name** **Signature of Parent/Guardian** **Date**

**At time of 2019 Senior All-Nighter:** If the senior has attained the age of majority (eighteen years of age), between the time this document is initially signed and the date of the party, the senior hereby reaffirms his/her consent to the terms of this Agreement by rereading, signing and dating the line entitled ‘Adult Senior’s Signature’.

**Adult Senior’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior All-Nighter Payment Form

(All-Nighter to take place Thursday, May 23, 2019)

(Sponsored by the Parents of the Class of 2019)

$150 per student due in full by March 15, 2019.

(Contact AHS Counselor if financial help is needed. Any student who wants to attend will be able to attend.)

Checks payable to APS Parents of Class of 2019 or credit card payments will be accepted

Turn payment slip (below) and Permission to Attend/Hold Harmless Agreement forms to the school office.

It is MANDATORY that all students use the provided transportation from the Fine Arts Center and have a completed Permission to Attend/Hold Harmless Agreement Form on File.

Please return to the school office by March 15, 2019

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to attend the Class of 2019 Senior All-Nighter on Thursday, May 23, 2019.

I have enclosed my payment as indicated below:

\_\_\_\_\_ $150 Full Payment by Check **payable to APS Parents of Class of 2019**.

\_\_\_\_\_ $150 Full Payment by Credit Card [**paypal.me/AHSSENIORALLNIGHTER**](https://www.paypal.com/paypalme/my/profile)

I would like to help sponsor a student to attend with a donation:

\_\_\_\_\_\_ $1 gift \_\_\_\_\_ $5 gift \_\_\_\_\_ $10 gift