

La Canada High School Grad Night 2016 ~ Reservation Form

Student Name: _____ Parent Name: _____

Student Cell: _____ Parent Cell: _____

Student Email: _____ Parent Email: _____

Student /Parent Agreement: “We understand that Grad Night is a drug-free, alcohol-free and tobacco-free event. Professional security, venue personnel, and chaperones will not allow students who are impaired or who possess drugs or alcohol to board the buses or participate in this event. We understand that seniors will be subject to bag search and light pat-down by same sex security professionals. If a student is suspected or caught by security or chaperones under the influence or in possession, we understand that the parent will be called and the student will need to be picked up immediately. We also understand that all seniors are required to arrive and depart for Grad Night on buses to/from the LCHS parking lot. Seniors must arrive by 10:00pm for a 10:30pm departure. Buses will NOT be held for late arrivals. We understand no refunds will be given for seniors arriving late or sent home.”

Student Signature _____ Date _____

Parent Signature _____ Date _____

This Reservation Form, Parent/Student Waiver Form, and \$ 150 payment must be received by May 6, 2016 to guarantee your spot for Grad Night. Reservations received after May 6 2016th, will be placed on a first come /first serve waiting list.

DUE: May 6th, 2016

**MAIL TO: LCHS-PTSA/Senior Grad Night 2016
459 Oliveta Place, La Canada CA 91011**

1. This Reservation Form
2. Parent/Student Waiver
3. \$150 Payment

Checks payable to: LCHS PTSA (Comment section: Senior Grad Night 2016)

Credit Card: PTSA website @ <https://kchristieh.wufoo.com/forms/2016-senior-order-form/>

Pre-Purchased: If you have already purchased your Grad Night ticket through the One Check Order Form, we have received your payment, and you will just need to submit this form and the waiver prior to May 8th.

**NOTE: Once tickets have been purchased, they are non-refundable, & non-transferrable.
No Exceptions!**

Questions: Grad Night Chairs email: LCHSgrads2016@gmail.com

LCHS Senior Grad Night May 27-28, 2016

Parent /Student Waiver

Voluntary Release~ Parent/Student Waiver~ Assumption of Risk and Full Indemnity Agreement~ Parent's Approval

_____, has permission to attend and participate in the LCHS Senior Grad Night 2016. We, the undersigned, as the Participant and my parents/guardians agree to the following:

1. _____, and my parents/guardians, do hereby FULLY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the LCHS Grad Night Co-Chairs, Committee Members, any Vendors, the Venue- and their employees, the La Canada Unified School District (LCUSD) and their employees, La Canada High School (LCHS) and their employees, the PTSA of LCHS and any of their members, the Security Company and their employees, the Bus Transportation Company and their employees, and any other volunteer or entity involved in LCHS Senior Grad Night 2016. We release each of them, from any and all claims, of ordinary negligence, and/or the strict liability, and/or the negligence of any third party or participant, which causes death, personal or bodily injury, property damages, or any other types or kind of injury, loss, and/or damages. I/We hereby agree to hold the above entities harmless from and to fully indemnify above entities for any type or kind of damages, judgments, awards, or related expenses (including but not limited to any entities attorney fees and court costs) that may incur as a result of my participation in any of the LCHS Grad Night activities. Should any dispute arise pertaining to the terms of this agreement, or should any action be filed or commenced to enforce the terms of this agreement, the prevailing party shall be entitled to recover its reasonable attorney fees and costs, whether or not such dispute proceeds to judgment.
2. I/We verify that I am physically fit to attend and participate in the LCHS Grad Night. In the case of illness or accident, I and my parents/guardians grant permission for emergency treatment to be administered. I/We verify that I have and shall maintain sufficient medical insurance to cover any and all medical expenses that may arise from my participation in LCHS Grad Night. I/We understand and agree that we will assume full responsibility and costs involved, should medical services be needed.
3. I, along with my Parents/Guardians understand this is a Drug, Alcohol, and Tobacco Free event, and we understand that any persons deemed to be under the influence, or in possession of drugs or alcohol, at this event, will be denied boarding the bus, will be ejected from the event, and will need to be picked up immediately by one of the parent/guardians signed below.

Student

_____ Sex: M F Birth Date _____
Date _____ Student Signature _____

_____ Print Student Name _____ Street Address _____ City _____ Zip _____

_____ Home Phone _____ Student Cell Phone _____ Student email address (please print clearly) _____

Parent # 1

_____ Date _____ Home Phone _____
Print Parent or Guardian Name _____

_____ / _____ / _____
Parent or Guardian Signature _____ Parent's Cell Phone for (May 27th) _____ Parent Email – please print clearly _____

Parent # 2

_____ Date _____ Home Phone _____
Print Parent or Guardian Name _____

_____ / _____ / _____
Parent or Guardian Signature _____ Parent's Cell Phone for (May 27th) _____ Parent Email – please print clearly _____

****Required For Attendance****