

LCHS Senior Grad Night May 31 – June 1, 2018

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 2018. 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 2018. 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

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

Print Student Name _____ Street Address _____ City _____ Zip _____

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

Parent # 1

Print Parent or Guardian Name _____ Date _____ Home Phone _____

Parent or Guardian Signature _____ **Parent's Cell Phone _____ Parent Email – please print clearly _____

Parent # 2

Print Parent or Guardian Name _____ Date _____ Home Phone _____

Parent or Guardian Signature _____ ** Parent's Cell Phone _____ Parent Email – please print clearly _____

****Required For Attendance****