

Payment Coupons for Senior Party  
Cost of the trip \$150.00

Mail Payment along with Registration form and Minor & Medical  
Release forms to:

Linda Bahr  
1746 Academy  
Bellingham, WA 98226

\*\*Please include Student's name on check

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Third and last payment.      \$50.00 due before February 15, 2008

Yes ! You did it ! Remember to send in all forms.

Student name: \_\_\_\_\_

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Second Payment      \$50.00 due before January 15, 2008

Student name \_\_\_\_\_

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Deposit/1<sup>st</sup> Payment      \$50.00 due October 31, 2007

This will secure a place for your Senior.  
Your \$50.00 deposit is non-refundable.

Student name \_\_\_\_\_ Phone \_\_\_\_\_

Class of 2008 Senior Party  
Registration Form

Please check all that apply:

- \$50.00 deposit enclosed  
 \$150.00 full payment enclosed  
 Donation enclosed to support a  
Student scholarship (\$\_\_\_\_\_ )  
\$\_\_\_\_\_ total enclosed

Mail registration & payment to:  
Linda Bahr  
1746 Academy  
Bellingham, WA 98226

Make checks payable to "SQHS PTSA"

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**WAIVER:** I, the undersigned, agree to follow the rules and adhere to the direction of the chaperones, party personnel, and others in charge of the Senior Party. I understand that this is a *substance-free* celebration and agree that I will be transported home **AT MY PARENTS EXPENSE**, if I do not comply with these reasonable expectations. **(Must be signed by student AND one parent/guardian).**

Student: \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Medical Care & Treatment of Minor Child**

I, the undersigned parent or legal guardian of \_\_\_\_\_, hereby consent and give permission to the Senior Party chaperones to render emergency medical treatment to my child. I further authorize and consent to medical, surgical and/or hospital care, treatment and procedures, to be performed for my child by EMT, licensed physician or hospital staff when deemed immediately necessary or advisable by the physician and I cannot be contacted. I hereby waive my right to an informed consent to such treatment.

I further give permission for my child to be transported by ambulance or aid car to a hospital emergency center for treatment.

I certify (or declare), under penalty of perjury under the laws of Washington, that the foregoing is my free and voluntary act, and that the information provided herein is true and correct according to my personal knowledge and belief.

I release the 2008 Senior Party Planning committee, parents and chaperones from any liability involving the participation of my child in the Squalicum High School: 2008 Senior Party.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Known Allergies(including drug reactions) \_\_\_\_\_

Special Diet (be specific) \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_ Regular Medications \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

# PERMISSION TO ATTEND / HOLD HARMLESS AGREEMENT SQUALICUM HIGH SCHOOL CLASS OF 2008 GRADUATION

Your senior has asked to attend our drug- and alcohol-free graduation party following their 2008 graduation this June. The event is designed to provide a fun, memorable experience that celebrates the culmination of the seniors' hard work and scholastic success. The Parent Planning Committee, parents responsible for planning this event, is committed to keeping it safe, drug- and alcohol-free, and will take all reasonable steps to ensure that the conduct of all seniors is in keeping with this goal.

In consideration of the services provided by the parents who participated on the Parent Planning Committee, the Howard Group, Inc., d/b/a *Grad Nights®*, and its officers, owners, employees, agents, contractors, entertainers, volunteers and all other persons or entities acting in any capacity on its behalf including the venues who host the graduation event (hereinafter collectively referred to as the Graduation Party Producers), **the senior and parent/guardian agree as follows:**

I \_\_\_\_\_ parent/guardian) give my permission for \_\_\_\_\_ my child/ward, to attend the Senior Graduation Celebration commencing on June 7, 2008.

Senior and parent/guardian, agree to abide by the rules and directions established by the Graduation Party Producers, and understand that any senior who is engaging in prohibited behavior or other undesirable conduct will be, at the sole discretion of the Graduation Party Producers, removed from the event. If this should occur, the parent/guardian will be contacted and required to pick up their senior from the graduation event location and No Refunds will be granted.

The senior and their parent/guardian agree to accept responsibility and are liable for the full replacement cost for any and all losses or damage to any property that is directly or indirectly caused by the senior while participating in the graduation event.

Senior and parent/guardian understand that the Graduation Party is not a school-sponsored event, and that the School assumes no legal liability associated with the event. The senior and their parent/guardian signing this agreement hereby assume all risks associated with attendance and participation at the graduation event and agree to hold each member of the Graduation Party Producers, harmless from any and all liability claims of any nature which may arise in connection with the graduation party.

In case of emergency, we their parent/guardian of the senior class member named below authorize all medical, surgical, diagnostic, and hospital procedures as may be deemed necessary and performed by a treating physician.

## CONTACT INFORMATION

Student Name: _____	Date of Birth: _____
Parent Names: _____	Address: _____
Home Telephone: _____	Email Address: _____
Emergency Contact, other than parent(s)/guardian(s): _____	
Relationship to Student: _____	Phone Number(s) _____
Other household members who could be relied upon for information in the event of an emergency:	
Adults, 18 and Over: _____	
Young Adults, 14 – 18: _____	
Medications: _____	
Chronic Illnesses/Allergies: _____	Date of Last Tetanus Shot: _____
Insurance Provider: _____	Policy Number: _____

*Additional provisions and signature lines are on the reverse side of this document. Please read all the terms of this agreement, provide the information requested in the contact information section above, and sign the reverse side of this form acknowledging your agreement to all terms set forth on both sides of this document.*

## Additional Provisions

1. The graduation party may include a variety of athletic activities and contests utilizing sports and recreational equipment provided by The Graduation Party Producers including but not limited to swimming pools, skating rinks, bowling centers, sumo wrestling, bungee runs, obstacle courses, velcro walls, box and battles, etc. hereinafter collectively referred to as Sports and Recreational Equipment.
2. Senior and parent/guardian acknowledge that participation in athletic activities and contests utilizing sports and recreation equipment provided by Graduation Party Producers entails known and inherent risks, as well as unknown, unanticipated risks, which could result in serious physical or emotional injury, falls, muscle strains, broken bones and other potential injuries, to senior or third parties. These risks include, but are not limited to, seniors failure or that of other participants to follow the safety guidelines or instructions of Graduation Party Producer's personnel; improper use of equipment; inadequate repair or maintenance of Graduation Party Producer's facilities and equipment; manufacturing or other defects, both apparent and latent, in the equipment supplied or used by Graduation Party Producers; senior's and other participants' attempts to exceed their skills and/or act in a reckless manner; senior's physical condition and senior's own acts or omissions; improper first-aid, emergency treatment or other attempted rescue services; the unavailability of medical services or immediate medical attention in the case of injury; and error or negligence on the part of Graduation Party Producers, including insufficient instruction or assistance.
3. Senior and parent/guardian expressly agree and promise to accept and assume all of the risks relating to their participation in the graduation party including but not limited to their participation in any recreational or sporting activity and use of any of the Sports and Recreational Equipment. Senior and parent/guardian agree that senior's participation in the graduation party and the use of any Sports and Recreational Equipment is purely voluntary, and that any participation is done in spite of the risks.
4. Senior and parent/guardian hereby voluntarily release and agree to indemnify and hold harmless the Graduation Party Producers from any and all claims, demands, or causes of action which are in any way connected with senior's participation in the graduation party or the use of any Sports and Recreational Equipment, including any such claims which allege negligent acts or omissions of Graduation Party Producers.
5. Senior and parent/guardian warrant that senior will not engage in any activity or utilize any Sports and Recreational Equipment at the graduation party which is inappropriate for senior given any medical, physical or emotional condition of senior
6. Should Graduation Party Producers or anyone acting on their behalf incur attorneys' fees and costs to enforce this Agreement, senior and parent/guardian agree to indemnify and hold them harmless from any such fees and costs.
7. In the event that any portion of this Agreement is deemed invalid or unenforceable, all other portions of this Agreement shall remain in full force and effect to the maximum extent allowed by law.
8. Senior and parent/guardian certify that senior has insurance to cover injury or damage senior may cause or suffer while participating, or else senior and parent/guardian agree to bear the costs of such injury or damage themselves. Senior and parent/guardian further certify that senior has no medical or physical conditions which could interfere with senior's safety in the graduation party or the use of any Sports and Recreational Equipment, or else Senior and parent/guardian are willing to assume, and bear the costs of, all risks that may be created, directly or indirectly, by any such condition.
9. Seniors give full consent to *Grad Nights*® to make and use photographs, videos, or likeness of any student engaged during this event for the purpose of advertising, publicizing, promoting, etc.

By signing this agreement Senior and parent/guardian are affirming that Senior and parent/guardian have had sufficient opportunity to thoroughly read both sides of this document, and that they fully understand and agree to the terms set forth therein.

\_\_\_\_\_  
Senior's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### At Time of Party:

In the event that the senior has attained the age of majority (eighteen years of age), between the time that this document is initially signed and the date of the graduation party, senior hereby reaffirms senior's agreement to the terms of this agreement by re-reading, signing and dating the line entitled "Adult Senior's Signature Reaffirming Agreement"

\_\_\_\_\_  
Adult Senior's Signature Reaffirming Agreement

\_\_\_\_\_  
Date