

LA COSTA CANYON GRAD NIGHT 2017

PERMISSION SLIP

Graduate Name (please print) _____ ID# _____

Parent/Guardian Name (please print) _____

RELEASE OF ALL CLAIMS/HOLD HARMLESS & INDEMNITY AGREEMENT

WE HAVE READ THE LA COSTA CANYON GRAD NIGHT POLICIES AND PROVISIONS AND AGREE TO BEHAVIOR CONSISTENT WITH THEM. WE HEREBY AGREE TO RELEASE THE SAN DIEGUITO UNION HIGH SCHOOL DISTRICT (SDUHSD), LA COSTA CANYON HIGH SCHOOL FOUNDATION AND THE LA COSTA CANYON GRAD NIGHT FROM ANY AND ALL CLAIMS, LIABILITIES, ACTIONS, AND CAUSES OF ANY KIND. WE HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY SDUHSD, THE FOUNDATION AND GRAD NIGHT FROM ANY OF THE ABOVE ARISING OUT OF THE ABOVE NAMED CHILD'S TRAVELING TO, ATTENDING, PARTICIPATING IN AND RETURNING FROM ANY GRAD NIGHT ACTIVITY. WE RECOGNIZE THE ADVANTAGES OF GRAD NIGHT AND ITS PURPOSE OF SAVING LIVES BY PROVIDING AN ALCOHOL AND DRUG FREE ENVIRONMENT FOR OUR GRADUATING SENIORS. WITH THIS UNDERSTANDING, WE HEREBY VOLUNTARILY PROVIDE SDUHSD, LA COSTA CANYON HIGH SCHOOL, THE FOUNDATION AND GRAD NIGHT WITH THIS RELEASE OF ALL CLAIMS/HOLD HARMLESS AND INDEMNITY AGREEMENT.

Parent/Guardian Signature _____ Date _____

GRADUATE AGREEMENT

I HAVE READ AND UNDERSTAND THE POLICIES AND PROVISIONS OF MY PARTICIPATION IN GRAD NIGHT ON FRIDAY JUNE 16, 2017. I MUST BE DROPPED OFF BETWEEN 9:30PM AND 10:00PM FOR CHECK IN AT LA COSTA CANYON HIGH SCHOOL AND WILL BE BUSSED TO THE PARTY LOCATION. I AGREE NOT TO CARRY ONTO THE BUS OR VENUE PREMISES ANY SUBSTANCES, SUCH AS, TOBACCO, DRUGS, ALCOHOL, OR WEAPONS, WHICH WILL AFFECT MY BEHAVIOR AND/OR WILL HAVE A DETRIMENTAL EFFECT ON MINE OR OTHER'S SAFETY AND/OR ENJOYMENT OF THE EVENING. I UNDERSTAND THAT IF I ARRIVE TO THE BUSSING LOCATION UNDER THE INFLUENCE OF ANY SUBSTANCE. SUCH AS DRUGS OR ALCOHOL I WILL NOT BE ALLOWED TO PARTICIPATE IN GRAD NIGHT. I ALSO UNDERSTAND THAT, ONCE I ENTER THE PARTY, I MAY NOT LEAVE UNTIL 4:45AM UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE IN ACCORDANCE WITH THE POLICIES AND PROVISIONS, AND I AM ACCOMPANIED BY MY PARENT/GUARDIAN. **I AGREE TO THESE PROVISIONS AND AM LOOKING FORWARD TO A SAFE AND MEMORABLE GRAD NIGHT CELEBRATION!**

Graduate Signature _____ Date _____

PARENT/GUARDIAN AGREEMENT

I GIVE PERMISSION FOR THE ABOVE NAMED GRADUATE TO PARTICIPATE IN THE GRAD NIGHT CELEBRATION AT PARTY PALS. **I UNDERSTAND THAT I AM RESPONSIBLE FOR DROPPING OFF AND PICKING UP THE GRADUATE AT LA COSTA CANYON HS.**

Parent/Guardian Signature _____ Date _____

Phone# (during Grad Night) _____ Other Emergency Phone# _____

Physician's name _____ Phone# _____

Graduates allergies or medical condition in case of an emergency _____

I would like to support a graduating student who might not otherwise be able to attend Grad Night, and have included an additional \$ _____ in my payment of \$120 for a total of \$ _____.