

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_



**NEWPORT HIGH SCHOOL GRAD KNIGHT 2018  
PERMISSION TO ATTEND / HOLD HARMLESS AGREEMENT**

The 2018 Newport Grad Knight Committee is hosting a drug- and alcohol-free, all night party. 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 and includes transportation to and from the event venue(s). Your senior will be returned to the high school at the conclusion of the party (approximately 6 am) the following morning.

In consideration of the services provided by those on the Grad Knight Committee, Reunions With Class, 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 and provide services at the graduation event (herein collectively referred to as the 'Grad Knight Party Producers'), the senior and their parent/guardian agrees to the following:

1. **Participation:** We agree that the senior has permission to attend the Grad Knight Party. We agree that the senior will arrive at the party drug- and alcohol-free and will remain as such throughout the duration of the event. The senior and their personal belongings may be searched prior to entering the event. Once checked in, the senior cannot leave the event until returned to Newport High School. Parents are responsible to pick up senior from Newport High School at approx. 5:30 am after party.
2. **Conduct:** We agree that the senior will follow all rules and regulations established by Grad Knight Party Producers. A parent or guardian will be called to pick up the senior if any behavioral problems arise during the course of the Grad Knight. This decision will be at the sole discretion of the Grad Knight Party Producers. Senior and parent/guardian agree to pay the full replacement cost for any losses and damage to any property that is directly or indirectly caused by the senior while participating in the Grad Knight Party.
3. **Medical Permission:** We hereby consent for the Grad Knight Party Producers to obtain medical care for the senior in the case of emergency. Parent/guardian and senior agree to full liability should senior require medical treatment. An Emergency Care Plan needs to be completed and submitted to the Grad Knight Party Producers for all life-threatening allergies. Any other medical concerns for senior will be communicated to Grad Knight Committee prior to event.
4. **Ticket price is non-refundable**
5. **Hold Harmless:** We agree that the Grad Knight event is not a school sponsored event, 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 Grad Knight event and agree to release, covenant not to sue and hold each member of the Grad Knight Party Producers harmless from any and all claims of any nature which may arise in connection with the Grad Knight event including claims relating to acts or omissions of Grad Knight Party Producers.

The senior and parent/guardian signatures are required on both sides of this form.

Print Senior's Name	Signature of Senior	Date
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Print Parent/Guardian's Name	Signature of Parent/Guardian	Date
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Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent name(s): \_\_\_\_\_ Address: \_\_\_\_\_

Telephone number night of event: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Relationship to senior: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Medications: \_\_\_\_\_ Chronic illness/allergies: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Insurance provider: \_\_\_\_\_

Does your senior have a life-threatening food allergy?  No  YES

If yes, you will also need to complete and submit an Emergency Care Plan to the Grad Knight Committee prior to the event.

## ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that 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, and 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 of the risks of participating or volunteering in this event.

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

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

I acknowledge that the Accident Waiver and Release of Liability form will be used by Grad Knight Party Producers, and that it will govern my actions and responsibilities of said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge Grad Knight Party Producers from any and all liability for my death, disability, personal injury, property damage, and the property theft of actions of any kind which may hereafter occur to me including by traveling to and from this event; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

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

I hereby agree to abide by the life threatening food allergy policy and will provide an Emergency Care Plan if senior has a life threatening food allergy.

I understand that 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 event holders, producers, sponsors, organizers and assigns.

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

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

\_\_\_\_\_  
**Print Senior's Name**

\_\_\_\_\_  
**Signature of Senior**

\_\_\_\_\_  
**Date**

### PARENT/GUARDIAN WAIVER

The undersigned parent or legal guardian does hereby represent that he/she is in fact acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of the senior's participation in the event, and release said parties on behalf of the senior and the parents or legal guardian.

\_\_\_\_\_  
**Print Parent/Guardian's Name**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**At time of Grad Knight:** 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 party, senior hereby reaffirms senior's agreement to the terms of this agreement by rereading, signing and dating the line entitled 'Adult Senior's Signature Reaffirming Agreement'.

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