

Los Altos High School • Grad Night Party 2023
Parent's Approval, Student and Participant Waiver/ Complete Both Sides (2 pages)

**Print the student name who may participate in the PTSA sponsored Grad Night Party 2023 event:
 (note that a separate form is required for every student)**

Student Participant Name: _____

Student Age: _____

RELEASE OF LIABILITY

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of individual listed above in any and all of the Los Altos High School PTSA (PTSA) sponsored activities for Grad Night Party 2023.

I attest and verify that the individual listed above is physically fit and able to participate in any PTSA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTSA sponsored activities and communicate those risks to the individual named above.

I do hereby certify that to the best of my knowledge and belief the individual named above is in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child. I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

If my student is under a physician's care for any health concerns, they will have a physical examination prior to participation and/or will get clearance from his/her doctor preceding Grad Night Party 2023, where physical/sports activities might occur. I/we hereby advise that the above named student has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician and will be kept in strict confidentiality.

NONE

YES - please list condition _____

I/we, as parent(s) or guardian(s) of the student, do hereby for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the Mountain View/Los Altos Union High School District, the California State PTA, the Los Altos High School PTSA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of the individual listed above in any PTSA sponsored activities.

Permission is hereby given for the above-named student to participate in the Los Altos High School Grad Night Party 2023, at an undisclosed site on June 8, 2023, from 8:00pm until the following morning at approximately 4am. I understand and acknowledge that neither the Mountain View/Los Altos Union High School District nor the Grad Night 2023 Committee and sponsoring Los Altos High School PTSA will be responsible for the above named individual prior or subsequent to the event or while the event is in progress.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
 Parent/Guardian Signature Print Name Date
I have explained the above agreement to my student

2. _____
 Parent/Guardian Signature Print Name Date
I have explained the above agreement to my student

Address
City
State
Zip
Phone
(include area code)

3. _____
 Student Signature Print Name Date