Los Altos High School • Grad Night Party 2022 Admission Form and Parent's Approval, Student and Participant Waiver Complete Both Sides (2 pages)

To register, purchase a ticket*, complete this form and return to: LAHS, attn: LAHS Grad Night 2022, 201 Almond Ave Los Altos, CA 94022

Student Name:	Student ID#:
Student Email:	Student Phone:
Parent Name:	Parent Phone:
Parent Email:	(Emergency #)
Address:	

Admission Price Options:

- □ I already purchased through the LAHS Webstore
- □ I need more information on scholarships
- **D** \$225 full price, February 16, 2022 April 30, 2022
- Section 250 late sign-up, May 1, 2022 June 3, 2022 (or until tickets sell out)

Sponsor a Student Scholarship / Make a Donation:

□ \$200 □ \$100 □ Other \$_____

*NOTE: EVERY STUDENT attending needs to submit one of these forms. You may have already purchased your ticket with a credit card through the LAHS Webstore. If not, you may still do so. Cash or check payments (made out to "LAHS Grad Night") must be turned into the LAHS Finance Office attached to this form. Include student's name and student ID# on the envelope.

Questions? Send an email to the Grad Night Chairs:

Leslie Shaw <u>liscwo@yahoo.com</u> Lisa Skaggs <u>lisaskaggs@gmail.com</u>

Jenn Donovan jennrae19@gmail.com

As the parent or guardian of the above-named student, I hereby understand and agree that during his/her visit to the Grad Night Party site, my student will use the facilities and equipment at his/her own risk, and the site shall not be liable for any damages arising from personal injuries sustained in, on or about the premises of said facility. I hereby fully and forever release and discharge the site owners and employees from any action or cause of action, present or future, whether the same be known or unknown, anticipated or unanticipated resulting from or arising out of the said site or the facilities and equipment thereof.

Parents and students should be aware that this is an event free of tobacco, drugs and alcohol. If a student is caught with drugs, tobacco or alcohol in his/her possession at the event, the student will immediately be banned from any further activity and his/her parent will be called and required to pick up the student. If a parent does not respond, the local police department will be notified. The site requires an inspection of all students and their belongings upon arrival. No refunds will be issued after April 30, 2022.

Parent/Guardian Signature	Print Name	Date
I have explained the above agreement to my student		
Parent/Guardian Signature	Print Name	Date
I have explained the above agreement to my student		
Student Signature	Print Name	Date
Parent signature is required even if student is 18 years of	age.	

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Print the student name who may participate in the PTSA sponsored Grad Night Party 2022 event: (note that a separate form is required for every student)

Student Participant Name: _____

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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 2022.

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 partition and/or will get clearance from his/her doctor preceding Grad Night Party 2022, 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: (If none, please write the word "none")

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 2022, at an undisclosed site on June 3, 2022, 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 2022 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.

Parent/Guardian Signature I have explained the above agree	Print Name ment to my student		Date
Parent/Guardian Signature I have explained the above agree	Print Name ment to my student		Date
Address	City State	e Zip	Phone (include area code)