



California State PTA
SRVHS GRAD NIGHT – JUNE 10, 2016
Grad Night Registration and Permission Slip

_____(Student's name) has my/our permission to participate in SRVHS's Grad Night at SRVHS on June 10, 2016 at 8:30 p.m. until June 11, 2016 at 5:00 a.m. I/We as parent(s) or guardian(s) (I as the mentioned student) do hereby, for my son/daughter, myself, (my parents), my/our heirs, executors and administrators, remise release and forever discharge SRVHS PTSA, San Ramon Valley Council of PTA's 32nd District PTA, and California State PTA, and all PTSA officers, employees, and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of the referred. I understand that all valuables should be left at home and the organizations and persons mentioned above assume no liability for loss. I further understand that no alcoholic beverages or drugs are permitted. Their possession or use is grounds for ejection from Grad Night. A Breathalyzer will be on site. I hereby certify that the student named above is my son/daughter (myself) and that his/her (my) **date of birth** is _____, and I do hereby certify that to the best of our (my) knowledge and belief said student is (I am) in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for such action, including payment of costs.

I/We hereby advise that the above student has (I have) had 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"**)

___ **Parent/Guardian Initial:** I understand the safety concerns of having students drive home when fatigued, and **I agree to pick my student up** at the conclusion of the event.

Parent/Guardian Signature

Print Name/Address/City/Phone

Parent/Guardian Signature

Print Name/Address/City/Phone

Student Signature

Print Name/Address/City/Phone

Alternate Adult in case of emergency

Print Name/Address/City/Phone

Print and sign all forms. Attach either your check or web receipt and bring them to registration.

Plan-It Interactive Games

Acknowledgement of Risks, Assumption of Risks, & Responsibility of Liability for Organizations and Individuals

Warning: There are significant elements of risk in any adventure, sports or activity associated with the indoor or outdoor use of games and activities incidental thereto (referred to herein as “activity”). Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled staff, this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. For your safety, and that of other participants, we think it is important for you to know in advance what to expect and to be informed of the inherent risks.

Acknowledgement of Risks: I acknowledge that the following describes some, BUT NOT ALL, of those risks: risks of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions and/or contusions, dehydration, oxygen shortage (anoxia), and /or exposure, head, neck, and/or spine injuries, allergic reaction, shock, paralysis or death. I/we understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.

Express Assumption of Risk and Responsibility: I/we agree to assume responsibility for the risks identified herein and those risks not specifically identified. My/our participation in these activities is purely voluntary. No one is forcing me/us to participate. I verify that I am physically fit, not under the influence of alcohol or drugs at this time, and sufficiently qualified and trained and capable to participate in these activities. I/we elect to participate in spite of the risks.

Authorization: I/we hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I/we agree to any film or photographs of me/us as a participant becomes your property and may be used for promotional purposes.

Release: In consideration of services or property provided, I, for myself, my employees, and/or any minor children for which I am parent, legal guardian, group leader, or otherwise responsible, and heirs, personal representatives or assigns, agree that Plan-It Interactive, its principles, directors, officers, agents, employees and volunteers, their Insurers and each and every land owner, municipal and/or governmental agency upon those property an activity is conducted and their insures, if any, shall have no liability except for its sole negligence.

I have read the Acknowledgement of Risks, Assumption of Risks and Responsibilities, and Release of Liability.

Event: San Ramon Valley High School PTSA Grad Night **Date:** June 10, 2016

PRINT Name of Student _____ **Student Signature:** _____

Street Address: _____ **City, State, Zip:** _____

PRINT Parent/Guardian Name: _____ **Signature:** _____

Parent Phone Number: _____ **Date:** _____