

GRAD NIGHT 2019
PERMISSION FORM/CODE OF CONDUCT FOR M-A CLASS OF 2019 STUDENTS

_____ (Student Name) has my permission to attend Grad Night 2019.

Date of Event: June 6, 2019 **Check In:** 7:30 p.m. **Departure/Return Location:** M-A High School's New Gym

Leader: PTA Grad Night Committee **Return:** By 3:00 a.m., June 7, 2019 **Method of Transportation:** Bus

I understand that all students attending M-A Grad Night are expected to conduct themselves properly and be respectful to the transportation company employees, the employees at the venue, adult sponsors and chaperones. California state law prohibits the possession or use of alcoholic beverages or drugs by students. Therefore, various methods of drug and/or alcohol detection may be utilized. I understand that all students are required to go to and return from the event in the transportation provided. According to the policy of the chartered bus company, any clean-up necessary due to a student's action (ex: vomiting) will result in a \$350 charge, which will be billed directly to the parents of the responsible student. All students must remain on the venue premises for the duration of the event. **My signature below also signifies that I have read, understand and agree to the conditions noted in the "Information Sheet" (included in this packet), which identifies circumstances that would prohibit a student from attending Grad Night 2019.**

Parent/Guardian's Signature – regardless of student's age

Date

Student's Signature – regardless of age

Date

CALIFORNIA STATE PTA **PARENT'S APPROVAL AND STUDENT WAIVER** 2327 L Street Sacramento, CA 95816-5014

_____ (Student's name) has my permission to participate in **Menlo-Atherton's**

GRAD NIGHT 2019, a PTA-sponsored event, including transportation by chartered bus service, on Thursday, June 6, 2019 at a location to be announced from 7:30 p.m. to 3:00 a.m. (June 7). The undersigned parent or guardian assumes all risks in connection with the student's participation in said event and, hereby releases and discharges The California State PTA, all PTA officers, employees, volunteers, and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in this event. I hereby certify the student is my (son, daughter) and that his/her **date of birth** is _____, and that to the best of my knowledge and belief said student is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including all costs associated with such emergency treatment. I hereby advise that the above-named student has the following allergies, medicine reactions, medical conditions or unusual physical condition which should be made known to a treating physician.

Describe/List: _____

(allergies, medicine reactions, medical conditions or unusual physical condition - **If none, please write "none."**)

Parent/Guardian signature

Print Name

Address, City

Phone

CALIFORNIA STATE PTA **PARTICIPANT WAIVER** 2327 L Street Sacramento, CA 95816-5014 ****Student must sign if 18 and older***

I, _____ (Student 18 and older), the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the California State PTA, including all unit, council and district PTAs and all of their officers, directors, members and volunteers. I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in an athletic event of this type.

Student Signature: **Student must sign if 18 & older**

Print Name

Address, City

Phone