

Skyview 2010 Alcohol and Drug Free Graduation Party
Permission to Attend/Release Agreement

Form must be signed by both student and parent/guardian in order to purchase a party ticket.

I, _____ agree to hold harmless and release from any liability the 2010 Skyview Grad Party Committee members, and the other organizations contracted by the committee for conducting activities, entertainment, and transportation during the 2010 senior alcohol and drug free party, from any action on my part during the night and morning of June 18th-19, 2010 that may result in injury to myself, or others or cause property damage of any kind. I recognize I may be held financially accountable for any damages for which I am found responsible.

I/we understand that the graduation party is not a school sponsored event, and that the Vancouver School District assumes no legal liability associated with the event.

Any **use or possession of drugs, alcohol or tobacco** by any participant will result in an immediate ban from any further activity at the facility. The parents of the participant will be called and required to pick them up immediately. If a parent does not come to pick up the participant with a reasonable period of time, the **Police Department will be notified.**

Parents must notify the 2010 grad party committee if your student has medical issues that require medication. Any student found in possession of medication without parental consent will be banned from participation.

Any use of the facility other than the designated areas is strictly prohibited. Areas of use will be clearly mark and communicated to participants.

Loud, offensive, abusive behavior to fellow participants, chaperones and/or staff will not be tolerated. Participants are expected to treat chaperones and staff in a respectful and courteous manner at all times.

The facility reserves the right to remove anyone from the facility at anytime for any reason.

Tickets are NON-REFUNDABLE.

Student Section:

By signing below I agree to adhere to the above stated conditions and any violation of the expectation set for by the facility will result in my expulsion from the Grad Party.

Student Signature (required)

Date

Parent or Legal Guardian Section:

By signing below I agree to the above stated conditions.

Parent signature

Phone Number

Date

Emergency Contact Name _____

phone number: _____