

Project Graduation Party Event Agreement – June 2-3, 2018

Turn this completed form into the Project Graduation box in the main office or send it to DAHS Project Graduation, P.O. Box 556, DeForest, WI 53532 by **Monday, April 30, 2018**.

I, _____, (print student first & last name) will be attending the Project Graduation Party on Saturday, June 2, 2018 after the graduation ceremony at DeForest High School. I understand that this is considered a lock-in and I am required to remain at the event from the time I check in between **10:00-10:30 p.m.** until the event is over at approximately 4:15 a.m. on Sunday, June 3, 2018. If I do not report for check-in during the designated time, I understand that my parent(s)/ guardian(s) will be contacted and I will NOT be allowed to enter the event. If I leave the event before 4:15 a.m. without having made a prearrangement in writing given to the event supervisors that I am going to be picked up by my parent/guardian, I understand they will be contacted and I forfeit any senior gifts, money, and prizes from this event.

I understand this is an alcohol and drug free event. I will abide by this rule. I will behave respectfully and appropriately or I will be asked to leave, forfeiting any senior gifts, money, and prizes and my parent/guardian will be contacted. Neither the school district, nor the Project Graduation committee shall be liable for any injuries that may occur during the event.

If this form is turned in after April 30, 2018, I will not be guaranteed an end-of-party gift.

I agree to the above:

Student Signature

THE UNDERSIGNED, by his/her signature hereinafter affixed does acknowledge that any physical activities involve some element of personal risk and that, accordingly, in consideration for the undersigned waiving his/her claim against Bass/Schuler Entertainment, Shelia Howe Psychic Tarot Card Reader, and/or Inflatables of Wisconsin, and their agents, the undersigned will be allowed to participate in any of the above physical activities. By engaging in this activity, the undersigned acknowledges that he/she assumes the element of inherent risk and, in consideration for being allowed to engage in the activity, agrees to indemnify and hold Bass/Schuler Entertainment, Shelia Howe Psychic Tarot Card Reader, and/or Inflatables of Wisconsin, and their agents, harmless from any liability for bodily injury, property damage or wrongful death caused by participation in this activity. Further, the undersigned agrees to indemnify and hold Bass/Schuler Entertainment, Shelia Howe Psychic Tarot Card Reader, and/or Inflatables of Wisconsin, and their agents, harmless from any and all costs incurred including, but not limited to, actual attorney's fees that Bass/Schuler Entertainment, Shelia Howe Psychic Tarot Card Reader, and/or Inflatables of Wisconsin, and their agents, may suffer by an action or claim brought against it by anyone as a result of the undersigned's use of such facility.

During the event, a hypnotist will perform and students will have access to inflatable attractions and a psychic tarot card reader that require the above waiver for use. By signing this form, I agree to all of the above -- my child following the above expectations-- and give my child permission to participate in the hypnotist show, engage with the tarot card reader, and use the inflatable attractions contracted with Inflatables of Wisconsin at will.

Parent/Guardian Signature

Parent/Guardian Printed Name

Phone #

Email Address

Emergency Contact in case a parent/guardian cannot be reached during the event:

Emergency Contact Name

Phone # where they can be reached that night

This activity is organized and solely sponsored by a recognized parent or community organization in support of the DASD and not by the school district itself. It is recognized that the intent of the activity is to ultimately support students and families served by the DASD. Permission to distribute this material has been given by the district.