

FOREST GROVE SENIOR GRAD NIGHT

PARENT/STUDENT WAIVER

Voluntary Release~Parent/Student Waiver~ Assumption of Risk and Full indemnity Agreement~Parent's Approval

_____, has permission to attend and participate in the FGHS Senior Grad Night. We, the undersigned, as the Participate and my parents/guardians agree to the following:

1. _____, and my parents/guardians, do hereby FULLY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the FGHS Grad Night Co-Chairs, Committee Members, any Vendors, the Venue and their employees, the Forest Grove School District (FGSD) and their employees, Forest Grove High School (FGHS) and their employees, the PTA of FGHS and any of their members, the Security Company and their employees, the Bus Transportation Company and their employees, and any other volunteer or entity involved in FGHS Senior Grad Night. We release each of them, from any and all claims of ordinary negligence and/or the strict liability and/or the negligence of any third party or participant, which causes death, personal or bodily injury, property/damages, or any other types or kind of injury, loss and/or damages. I/We hereby agree to hold the above entities harmless from and to fully indemnify above entities for any type or kind of damages, judgements, awards, or related expenses (including but not limited to any entities attorney fees and court costs) that may incur as a result of my participation in any of the FGHS Grad Night activities. Should any dispute arise pertaining to the terms of this agreement, or should any action be filed or commenced to enforce the terms of this agreement, the prevailing party shall be entitled to recover its reasonable attorney fees and costs, whether or not such dispute proceeds to judgement.
2. I/We verify that I am physically fit to attend and participate in the FGHS Grad Night. In the case of illness or accident, I and my parents/guardians grant permission for emergency treatment to be administered. I/We verify that I have and shall maintain sufficient medical insurance to cover any and all medical expenses that may arise from my participation in FGHS Grad Night. I/We understand and agree that we will assume full responsibility and costs involved, should medical services be needed.
3. I, along with my Parents/Guardians understand this is a Drug, Alcohol and Tobacco Free event, and we understand that any persons deemed to be under the influence, or in possession of drugs or alcohol, at this event will be denied boarding the bus and will be ejected from the event, and will need to be picked up immediately by one of the parent/guardians signed below.

Student:

	Sex: M / F	Birth Date: _____
Student Signature	Date	
Printed Student Name	Address	
Student Cell	Student Email	

Parent 1:

Printed Parent Name	Date	
Parent Signature	Parent Phone	Email

Parent 2:

Printed Parent Name	Date	
Parent Signature	Parent Phone	Email

****REQUIRED FOR ATTENDANCE****