



# SHS Grad Night Party 2015 Admission/Permission Form

Members of the Saratoga High School graduating class of 2015 are invited.  
**Grad Night Party from Thursday, June 4, 2015 at 10 pm until Friday June 5, 2015 at 5am.**

Bid prices include food and fun all night.

**Note: Parent & Senior signatures are required on both sides of this paper**

## Bid Reservation & Conduct Form BOTH SIDES MUST BE COMPLETED BEFORE PAYMENT WILL BE ACCEPTED

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
SHS grads only; no guests  
Parent/Guardian Name(s): \_\_\_\_\_  
Parent/Guardian Cell Number(s): \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_  
Senior Student's Date of Birth: \_\_\_\_\_ Age on 6/4/15: \_\_\_\_\_ T Shirt Size: \_\_\_\_\_  
(Small, Medium, Large, XL)

**BID PRICE: \$ 235.00 (until 5/31/2015)** \_\_\_\_\_

DONATION: \$ \_\_\_\_\_ **OPTIONAL** - Make Grad Night extra special and sponsor an additional feature (your family's name will be acknowledged at that station).

Total: \$ \_\_\_\_\_ Please make your **non-refundable** check payable to: **Saratoga High School PTSO**. Bring to the office or mail to: Arati Nagaraj, 19020 Portos Drive, Saratoga CA 95070

\_\_\_\_\_ **Check here if a vegetarian or special meal is needed.**  
Specify type of meal needed: \_\_\_\_\_

I/we acknowledge that I/my son/daughter/ward will follow all rules & regulations for appropriate school behavior per the SHS handbook while attending the party. We understand that if a student is caught with drugs or alcohol in his/her procession, the student will be immediately banned from any further activity and his/her parent/guardian will be required to pickup the student immediately. No refund will be issued. I also consent to the inspection of my/my son's/daughter's/ward's belongings upon arrival that the site requires.

Senior's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Scholarships are available. Contact Mrs. Mohnike at kmohnike@lgsuhd.org  
**Send your signed forms & check to: Arati Nagaraj, 19020 Portos Drive, Saratoga, CA 95070**  
Please turn page over and complete Release of Liability form on reverse side

Admin use only Name on Check: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_

**Saratoga High School Grad Night 2015  
RELEASE OF LIABILITY FORM**

LIABILITY RELEASE FOR: \_\_\_\_\_  
Student Name (printed)

**WAIVER:** Permission is hereby given for the above-named student to participate in the Saratoga High School (SHS) All-Night Party (Grad Night 2015) at Saratoga High School on June 4, 2015, from 10:00PM until the following morning at approximately 5AM. I understand and acknowledge that neither the Los Gatos Saratoga Union High School District (LGSUHSD) nor the Grad Night 2015 Committee and sponsoring Saratoga High School Parent/Student Organization (PTSO) will be responsible for the above named individual prior or subsequent to the event, or while the event is in progress.

As the parent or guardian of the above-named student, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive discharge, and covenant not to sue LGSUHSD, the SHS 2015 Grad Night Committee, SHS, SHS PTSO, the transportation company and the company providing the grad night site, their directors, officers, employees, volunteers, members, agents, and the event holders (hereinafter collectively, "releasees) from liability from any and all claims including negligence of releases resulting in personal injury, accidents or illnesses (including death) and property loss arising from, arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

**ASSUMPTION OF RISKS:** The use of the location, facilities, staff, equipment and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Releasees have facilities for and provide for activities such as this social event. This event involves situations, environments, or activities that may lead to illness, physical injuries, and psychological stress or damage. I hereby understand and agree that during his/her visit to the Grad Night 2015 site, my student will use the facilities and equipment at his/her own risk, and the site shall not be liable for any damages arising from personal injuries sustained in, on, or about the premises of said facility. I hereby fully and forever release and discharge the site owners and employees from any action or cause of action, present or future, whether the same be known or unknown, anticipated or unanticipated resulting from or arising out of the said site or the facilities and equipment thereof.

I hereby consent for my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event and that to full liability should your senior require medical treatment. If a serious accident or medical emergency does occur, 911 will be called and the parents/guardian will be called next.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by releasees. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**INDEMNIFICATION AND HOLD HARMLESS:** I also agree to INDEMNIFY AND HOLD releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at Saratoga High Grad Night and to reimburse them for any such expenses incurred.

**SEVERABILITY:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of liability** to the greatest extent allowed by law.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (printed) ( )  
(Home Phone Number)

( ) \_\_\_\_\_  
Emergency number(s) where parent/guardian can be reached during grad night event