



The Sammamish High School PTSA Class of 2023 Parent Planning Committee is excited for the graduation night party. In order for your senior to attend this party, we will need to have received payment and also the required forms.

We ask that you complete the following required forms:

1. Hold Harmless Agreement.
2. Medical Information Form / Emergency Care Plan.
3. Bus Sign Up Form.

Please review this document carefully as there are several forms in this document and multiple places to sign. You will need to print, complete, sign, scan, and return via email to ptsa.classof2023@sammamishptsa.org. If you are unable to do so, please email us at ptsa.classof2023@sammamishptsa.org and we will work on alternative arrangements.

We cannot assign your senior to a bus, until we have received all completed forms and payments. If you have a question, please email ptsa.classof2023@sammamishptsa.org.

Thank you.

**Permission to Attend/Medical Release/Hold Harmless Agreement
Sammamish High School PTSA Class of 2023
SENIOR ALL-NIGHT PARTY**

Your senior has asked to attend our drug and alcohol free, all-night graduation party following the graduation ceremony on Wednesday, June 14, 2023. The event is designed to provide a fun and memorable experience that celebrates the culmination of the seniors' hard work and scholastic success. The Parent Planning Committee, the parents responsible for planning this event, is committed to keeping it safe, drug and alcohol free, and will take all reasonable steps to ensure that the conduct of all seniors is in keeping with this goal. All participants will be subject to a pat down before entering the facilities.

The graduate (if over 18 years of age) and/or their parent or legal guardian assume all risks associated with the attendance and participation at the graduation night party and agree to hold each member of the Sammamish High School PTSA, Parent Planning Committee, West Coast Entertainment and its officers, employees, contractors and entertainers harmless from any and all liability claims of any nature which may arise in connection with the event, including contracting COVID-19. Furthermore, the graduation night party is not a school sponsored event and Sammamish High School assumes no legal liability associated with the event.

Any graduate who engages in prohibited behavior including possessing or being under the influence of tobacco, drugs or alcohol, or engages in other undesirable conduct will be, at the sole discretion of the Parent Planning Committee, removed from the event. If this should occur, the parent(s) will be called and required to pick up the graduate from the party venue. No refunds will be granted. The graduate (if over 18 years of age) and/or their parent or guardian are liable for the full replacement cost of any and all loss or damage to any persons or property that is directly or indirectly caused by the graduate.

In case of emergency, authorization is given for all medical, surgical, diagnostic and hospital procedures as may be deemed necessary and performed by a treating physician. The graduate (if over 18 years of age) and/or their parent or guardian assumes responsibility for any expenses incurred as a result of accident, injury, illness and/or unforeseen circumstances requiring treatment. Any medication required by the graduate must be given to the designated person at check-in, along with a parental note with instructions for administration.

Additional Provisions

Attendees give full consent to West Coast Entertainment and Sammamish High School PTSA to make and use photographs, videos or likeness of any student engaged during this event for the purpose of advertising, publicizing, promoting, etc.

PARENT RELEASE (if student is under the age of 18)

We, the parents or legal guardians give permission for _____ to attend the Senior Graduation Night Party on Wednesday, June 14, 2023 until Thursday, June 15, 2023. We understand that the Senior Graduation Night Party is not a school-sponsored event, and that the school assumes no legal liability associated with the event. We agree to hold the school, each member of the Parent Planning Committee, West Coast Entertainment and its officers, employees, contractors and entertainers harmless from any and all liability claims of any nature which may arise in connection to our child's participation with the event, including contracting COVID-19. In addition, we also give permission to the parent chaperones at the event to sign any waivers necessary for participation.

Parent/Legal Guardian Name Printed

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name Printed

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Cell Phone #

Secondary Phone #

Parent Email

STUDENT RELEASE

I, _____, understand that the Senior Graduation Night Party is not a school-sponsored event, and that the school assumes no legal liability associated with the event. I agree to abide by the rules and directions established by the Parent Planning Committee, which is comprised of parents who have organized the event. I hereby assume all risks associated with attendance at and participation in the event, and agree to hold the school, each member the Parent Planning Committee, West Coast Entertainment and its officers, employees, contractors and entertainers harmless from any and all

liability claims of any nature which may arise in connection with the event.

Parent Signature (if *under the age of 18* at the time of registration)

Student's Birth date

Date signed

Student Signature (if *over the age of 18* at the time of registration)

Birth date

Date signed

===== For Day of Party Use Only =====

On Party Date:

In the event that the graduate has attained the age of majority (18 Years of Age), between the time that this document is initially signed and the date of the graduation night party, graduate hereby reaffirms graduate's agreement to the terms of this agreement by re-reading, re-signing, and dating the line entitled "Adult Senior's Signature Reaffirming Agreement".

Adult Senior's Signature Reaffirming Agreement

Date signed

Medical Information /Emergency Care Plan (ECP) (2 Page Document)
(This information will be kept confidential)

Student Information		
Senior Name:		Emergency Contact 1 (Full Name & Phone #):
DOB:	Night-of-Event Bus Color: <i>Enter during party check in</i>	Emergency Contact 2 (Full Name & Phone #):
Insurance Information (Name of Company, Policy Number:)		
<p>Does the Senior referenced above have any life-threatening conditions?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		<p>I certify that the information contained on this form is correct and will notify the Graduation Night Party Planning Committee and update this form if there are changes to the information.</p> <p>By: _____ (Parent/Guardian's Signature if Senior is under 18 / Senior if over 18 on the date the form is signed)</p> <p>Printed Name: _____</p> <p>Date Signed: _____</p>
<p>Please list all life-threatening conditions:</p> <p><input type="checkbox"/> Allergy (Please specify):</p> <p><input type="checkbox"/> Asthma (Please list any triggers for Asthma)</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Cardiac Issues</p> <p><input type="checkbox"/> Seizures (Please list any triggers for seizures)</p> <p><input type="checkbox"/> Other (Please specify below):</p>		<p>Will the senior be bringing any of the following onsite?</p> <p><input type="checkbox"/> Allergy Medication (Please specify): _____</p> <p><input type="checkbox"/> Epi Pen (__ .3mg) (__ .15mg)</p> <p><input type="checkbox"/> Inhaler</p> <p><input type="checkbox"/> Insulin / Glucose Monitor</p> <p><input type="checkbox"/> Other Medications (Please specify below):</p> <p>Who will carry the medicine? All medicines must be checked in during the party check in process and must be in the original container with prescription label. (Please choose one)</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Chaperone</p> <p>Please list any side effects of any carried medication:</p>

Due to the types of venues where events are held, custom meals for special dietary needs cannot be guaranteed, or that there are no cross-contamination issues in the commercial kitchens. If you have any special dietary needs, you will be responsible for providing your own food.

Will the Student need to bring separate food?

YES NO

(If yes, a representative of the planning committee will reach out about this.)

Does the senior have any non life-threatening conditions, disabilities, etc that the committee should be aware of? Please provide any relevant information. If the student needs to bring any non-medical items for comfort (such as a fidget, noise canceling headphone etc) please list those items below. Please note any items brought are responsibility of student and we cannot hold up bus for misplaced items.

Does your student have any condition that may require a parent/guardian to be called to pick up student early (such as anxiety, etc)?

YES NO

If yes, please provide who chaperones would call to coordinate pickup. Student will need to be checked out and picked up at venue by the designated parent as noted below.

Parent/Legal Guardian Name Phone #

Parent/Legal Guardian Name Phone #

*In the spaces below, please detail your Action Plan for each applicable life-threatening condition. Make sure to include who to contact and their contact details, if applicable. **If there are none, please note N/A.***

**SAMMAMISH HIGH SCHOOL CLASS OF 2023
GRADUATION NIGHT PARTY**

CHARTER BUS SIGN-UP

Student first & last name: _____
(Please print)

Please indicate your 1st and 2nd choice for which bus you would like to ride to the graduation night party. Please coordinate with friends, so you each choose the same bus as the 1st and 2nd choice. Buses will be filled based on order in which all completed paperwork, this form, and payment were received.

_____ RED BUS

_____ GREEN BUS

_____ YELLOW BUS

While we understand that sitting with your friends on the bus is very important, we cannot guarantee that everyone will get their 1st or 2nd choice. All the buses are going to the same destinations and the rides are relatively short.

**SAMMAMISH HIGH SCHOOL CLASS OF 2023
GRADUATION NIGHT PARTY**

ACKNOWLEDGEMENT OF KEY RULES TO ATTEND

Student first & last name: _____
(Please print)

I, _____, have read the following rules and agree to follow them to attend and stay at the graduation night party on Wednesday June 14, 2023 to Thursday, June 15, 2023 (please initial next to each rule and sign below):

I will not bring to the event any alcohol, tobacco products, medications, or drugs.

I will not bring to the event money, ID, car keys. These must be sent home with someone else after graduation ceremony and before I check-in. A jacket is NOT needed or recommended because it could be left behind/lost.

I understand that I am responsible for having someone to pick me up at Sammamish High School on Thursday, June 15, 2023 around 5:00am to drive home from the graduation night party. Graduation party participants are NOT allowed to drive themselves home.

I understand that I can bring my cell phone to the graduation night party, and that I accept responsibility for keeping track of my cell phone or any items I bring (i.e. sweatshirt, etc). Bus loading will not be delayed to look for lost items at venues.

I am responsible for transportation to graduation ceremony (UW) and insuring no vehicle left at UW since I will need to be picked up at Sammamish High School parking lot next day.

I understand that I cannot leave the graduation night party once checked in unless there is a medical exemption on file and then I can only be released to the parents/guardians listed on the medical exemption.

I understand I need to change into comfortable clothes and shoes prior to graduation night party check in and that my personal items need to be sent home with someone else prior to check in. Note no jackets are needed for the event. Tennis shoes/socks are strongly recommended.

I agree to treat all graduation night party volunteers, chaperones, security, and venue employees with respect at all times.

I agree that any comfort items for non medical issues will be identified in advance on the waiver in the non-medical section.

Note – gender neutral restrooms will be available at all graduation night party venues.

By signing below, I agree to the conditions noted above.

Student Signature (if senior *under the age of 18* at registration) Student's Birth date Date signed

Student Signature (if *over the age of 18* at registration) Birth date Date signed

Parent/Legal Guardian Name Printed Parent/Legal Guardian Signature Date