

Project Graduation 2009 Reservation Form

Student Name(s): _____ Parent Name(s): _____

(Please print CLEARLY and also write your student's name on the memo line of your check)



Phone: _____ Alternate Phone: _____ Email: _____

YES! I'd like to also help by donating to the Project Grad scholarship fund.
Any amount is appreciated!

My donation to the scholarship fund: \$ _____

Number of tickets _____ @ \$ 50 \$ _____

Check # _____ Total Amount Enclosed: \$ _____

Mail reservation form and signed contract with payment to:
SRHS Project Grad
c/o Mary Lou Smith
2329 Teasdale Lane
Santa Rosa, CA 95401

Santa Rosa High School Project Grad 2009 Contract

- 1) This is a smoke, drug and alcohol free environment. Smoking and the possession and/or use of drugs or alcohol by any senior/graduate is not permitted.
- 2) Seniors/graduates arriving at the party having consumed any alcohol or other drugs will be supervised until parent/guardian picks them up.
- 3) If a senior/graduate wishes to leave the party before it ends (regardless if student is 18 yrs old or not) the parent/guardian of that senior/graduate will be notified to get permission for us to let him/her leave. Once a senior /graduate leaves the party, they will not be re-admitted. If a senior/graduate leaves the party early they will not be eligible for any grand prizes.
- 4) The party is for members of Santa Rosa High School Class of 2009 ONLY!
- 5) You must be present to win prizes. In addition, if you leave the party before the grand prize drawing, at the end of the party, you will forfeit any grand prize drawing winnings.
- 6) Seniors/graduates participate in Project Grad activities at their own risk.
- 7) All pictures taken may be used for Project Grad publicity and promotion.
- 8) Parents or guardians of seniors/graduates not arriving at the party will be notified by phone.
- 9) Cell phones will not be allowed inside the party. We have a safe place where they will be kept and can be picked up at the end of the party.

The undersigned is the parent/legal guardian of _____
(student's name).

My son/daughter wishes to participate in Santa Rosa High School (SRHS) Project Graduation night. I understand that there are risks and dangers incidental to my son's/daughter's participation in this event and that there is a risk that my son/daughter could be injured. Activities in the past have included, but are not limited to, dancing, inflatable jumps, slides etc. I hereby give my consent for my son/daughter to participate in this event and I, on behalf of myself and my son/daughter, assume the risk and dangers associated with my son's/daughter's participation in this event.

In return for the (SRHS) Project Graduation permitting my son/daughter to participate in Project Graduation Night, I hereby release and waive on my own behalf, on behalf of my son/daughter, and on behalf of any persons claiming by or through me, or my son/daughter, any and all claims or causes of action for ordinary negligence which I or my son/daughter may have against the SRHS Project Graduation, its officers, directors, agents, employees and volunteers arising out of or resulting from any and all injuries, accidents, illnesses or damages of any nature, including death, which my son/daughter may suffer while taking part in the event or any activity connected to the event.

IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Release and Assumption of Risk Agreement, I understand it and sign it voluntarily as my own free will; no oral representations, statements, or inducements, apart from the foregoing written Agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Agreement for full, adequate and complete consideration fully intended to be bound by same.

I HAVE READ AND AGREE TO ALL STATED ABOVE IN ORDER TO ATTEND SRHS PROJECT GRADUATION 2009 AT SANTA ROSA HIGH SCHOOL.

Student Signature _____ Date _____ Please Print Student Name *Clearly* _____

Parent Signature _____ Date _____ Please Print Parent Name *Clearly* _____

Phone numbers where parent can be contacted during Project Grad _____

Does your student have any allergies or other health concerns? If so, please list below, or contact reservation chair at number below to discuss.

