San Diego High School PTSA 1405 Park Blvd San Diego CA 92101
sandiegohs.ptsa@gmail.com

PTSA sponsored Senior Class Grad Nite 2017
Saturday, June 3, 2017, 12 noon – Sunday June 4, 2017, 4 am
PARENT'S APPROVAL and STUDENT WAIVER

_____ has my/our permission to participate in the
[Print Student Name]
San Diego High School PTSA sponsored event, **Grad Nite**, for the 2016-17 school year.

In consideration of the acceptance of my entry in the San Diego High School Grad Nite on June 4-5, 2016, I the undersigned participant intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the California State PTA, including all unit, council and district PTAs and all of their officers, directors, members and volunteers. I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in an event of this type.

The undersigned parent or guardian assumes all risks in connection with the student's participation in the PTSA sponsored activity. I (we) hereby release and discharge the San Diego High School PTSA, all PTSA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in this activity, unless caused by the negligence of the PTSA.

I do hereby certify that to the best of my knowledge and belief the said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above named minor has any of the following allergies, medicine reactions or an unusual physical condition which should be made known to a treating physician which could limit participation:

Allergies: _____
If no allergies or medications, please write "none".

_____ _____
Parent Signature Date

_____ _____
Print Parent Name Parent Email (phone if no email)

_____
Address City State Zip

Student Email for Grad Nite updates: _____

Student Cell Number: _____**Parent Cell Number:** _____

PLEASE BE SURE WE CAN CONTACT YOU AT THIS PHONE NUMBER FOR EMERGENCY

Cost per person $140 or $145 online. Indicate which applies: ○***Installments*** ○***Cash*** ○***Online*** ○***Check #_ ____***

○ Please contact me about chaperoning for this event. Chaperones are not charged for the event.