

2019 POST PROM PERMISSION SLIP

COMPLETED FORMS SHOULD BE RETURNED TO CIA DROPBOX BY MAIN ENTRANCE BY APRIL 26TH

NAME (please print) _____

PV: Sr__ Jr__ Soph__ Fresh__ or Non Student attending as guest of _____

LASERTRON POST PROM

5101 Bailey Ave, Amherst, NY

(Sponsored by Community in Action & PVCS)

Saturday, May 11th, 2019 from 11:00pm – 6:15am – \$25/student

PV Prom ticket holders, their approved guests, and all other PV Juniors & Seniors are invited

Please fill out all forms: Permission slip and Accident Waiver & Release of Liability

The following rules have been implemented for the safety of all the students/guests attending and must be followed without exception:

- 1) All students must have a signed liability waiver, signed by their parents/guardians.
NO WAIVER, NO ENTRANCE, NO EXCEPTIONS!
- 2) No Alcohol, No Drugs, No Smoking, No Weapons.
- 3) Any bags, backpacks, purses will be checked before loading the bus.
- 4) No outside food or drinks allowed, unless for dietary needs.
- 5) All students will park in the fitness center lot or in front of the school.
- 6) If the student does not show up by 11:00pm to board the bus, the student and/or parents will be notified. We will not wait any later than 11:15pm to leave the school.
- 7) All students must exhibit appropriate behavior at all times and follow PVCS policies.

My child and I understand the above stated rules and agree to follow them.

Student/Guest signature: _____

Parent/Guardian signature: _____

Parent/Guardian Name (please print) _____

Home Phone: _____ Parent Cell: _____ Student Cell: _____

POST PROM ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that the planned Lasertron (sponsored by CIA & PVCS) Post Prom Party to be held May 11th – 12th, 2019 is an event that involves risks. I hereby assume all risks associated with my child's participation in this event.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the holders, sponsors, vendors and organizers of the event and that it will govern my actions and responsibilities at the event, including my travel to and from the event. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- A) waive, release and discharge Community in Action including all units and councils, and all of their officers, directors, members and volunteers; Pine Valley Central School District including Pine Valley High School and all their directors, officers, employees, representatives and agents; as well as any vendors, sponsors and organizers of the event, from any and all liability, loss and cost, claim, damage and cause of action of any kind and
- B) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all such liabilities or claims made as a result of participation in this event.

I hereby consent to receive medical treatment, that which may be deemed advisable, in the event of injury, accident or illness during this event.

I understand that I may be photographed at this event. I agree to allow my photo or video to be used for any legitimate purpose by the event holder and assigns.

This Accident and Release of Liability Waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document, that I understand its content and consent to its use.

Participant's Name (print)

Age

Participant's Signature

Date

Parent/Guardian Waiver:

The undersigned parent/guardian does hereby represent that he/she is, in fact, acting in such a capacity and agrees to save and hold harmless and indemnify each and all of the parties on behalf of the minor and parents or legal guardians.

I hereby certify that I have read this document, that I understand its content and consent to its use.

Parent/Guardian's Name (print)

Parent/Guardian's Signature

Date