

# CLASS OF 2017 SAFE N SANE GRADUATION CELEBRATION

June 2, 2017 8:00pm to 2:00am

Graduate's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Parents/Guardian Email \_\_\_\_\_

**Registration Fee:**      \$30.00 Received by January 31, 2017  
                                 \$40.00 Received from February 1 thru May 15, 2017  
                                 \$50.00 Received from May 16 thru May 26, 2017

**Checks payable to: THS Safe N Sane**

I would like to pay for an extra registration for a needy student \$ \_\_\_\_\_

## Parent Authorization for Medical Emergency Treatment

**(ONE part of this section MUST BE completed, please read carefully)**

In case of medical emergency, I understand every effort will be made to contact parents or guardians of the student. In the event I cannot be reached, I hereby give permission to the physician selected by the THS Safe N Sane Committee to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Graduate's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Date

**OR Sign below only if you DECLINE to sign the release above. Do not sign both sections.**

I have been offered the opportunity to authorize emergency medical care as set forth above and decline to authorize said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Graduate's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Date

## Code of Conduct

I understand that by signing, I agree to conduct myself in a respectful & courteous manner at all times during this event. I will refrain from using profane, vulgar & inappropriate language & actions towards fellow students & adults. If I do not abide by these conditions, I will be asked to leave the event & my parents/guardian will be notified immediately. I further agree to a possible search of my person & any belongings that I choose to bring into the event by a uniformed law enforcement officer. If I am found to be in violation of any laws, I understand that I will be subject to any & all consequences allowable by law. Students will be "locked in" upon entrance at 8pm on 6/2/17 & are expected to stay to the end at 2 am on 6/3/17. Students must arrive before 9pm or they will not be admitted. While students are free to leave when they wish, they are required to phone their parents/guardians prior to leaving & will not be readmitted once they leave. Students who leave early will forfeit all prizes.

Graduate's signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**This form will not be accepted without all signatures complete. No exceptions.**

Mail Completed Form with check to: **THS Safe N Sane Registration, 5312 Ballenger Creek Pike, Frederick, MD 21703**  
**Or drop off at the schools front office**

**\* THS Safe N Sane has a no refund policy\***

**(Please fill out the back of this form)**

## RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in the Tuscarora High School Safe and Sane Party held at Tuscarora High School and related activities, I for myself or I, the parent/guardian of the minor for myself and on behalf of the minor, my successor, heirs, assigns, executors, and administrators.

1. Agree that prior to participation I will inspect the facilities, equipment and areas to be used, and if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility, or area;
2. Acknowledge that I/or parent/guardian fully understand that participation may involve risk of serious injury or death, including economic losses which may result not only from the participants own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity
3. Assume any and all risks of personal injuries to participant, including medical or hospital bills, permanent or partial disability, death, and damage to the participants property, caused by or arising from participation in this event or activity;
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against Tuscarora High School Safe and Sane Committee attributable to participation in the event or activity;
5. Release, waive, discharge and relinquish Tuscarora High School Safe and Sane Committee from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to participation in the event or activity, whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies, or videos may be taken in connection with participation in this event or activity, without compensation from Tuscarora High School Safe and Sane Committee and consent to use of these photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that the participant is in good health and has no physical condition that would prevent from participating in this event or activity.

THIS DOCUMENT RELIEVES TUSCARORA HIGH SCHOOL SAFE AND SANE COMMITTEE AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
**Signature of Graduate**

\_\_\_\_\_  
**Print Name of Graduate**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Print Name of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Graduate's Date of Birth** \_\_\_\_\_

THS Safe N Sane Use only

Date \_\_\_\_\_ Cash \$ \_\_\_\_\_ or Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_