

Perry High School Grad Night 2014
Sponsored by the Puma Parent Organization/PPO
MEDICAL RELEASE FORM

Name of Senior _____ Date of Birth _____ Gender (M/F) _____

Address _____ City/Zip _____

Health Insurance Co. _____ Policy No. _____

In case of emergency notify (please include at least one family member):

Name _____ Relationship to Senior _____

Primary Phone _____ Secondary Phone _____

Name _____ Relationship to Senior _____

Primary Phone _____ Secondary Phone _____

Please list any health conditions we should be aware of and medications your senior will need to take during the grad night celebration.

Please note: All medications will need to be turned into the committee medical point person prior to leaving Perry High School for the grad night party. S/he will assist in managing the schedule for taking these medications.

Release and Indemnity Agreement

I release, indemnify and hold harmless the owner, operator, entertainment providers, Dave and Busters, Chandler Unified School District, Perry High School and its administrators, Puma Parent Organization and its Grad Night Committee and volunteers and all of the committee members involved from any and all loss, damage, injury, expense, including costs and attorney's fees relative to the entertainment attraction provided for the 2014 Senior Grad Night. Further, I hereby acknowledge that my participation in the aforementioned is voluntary. I further acknowledge and understand that I could suffer injury, both minor and/or severe and that there are inherent risks involved in participating in said entertainment attraction such as loss of eye(s), limbs, appendages, broken bones, cuts, abrasions, strains, heat stroke, hypothermia and other types of injury associated with the entertainment activities provided, and that I may also suffer death as a result of my participating in said event. I also acknowledged that there are safety requirements to participating in the event. Should I choose to ignore such warnings, I may be risking my safety and well being at my own discretion and financial cost. I acknowledge that I have not consumed any substance that may cause me to not understand the words and their meanings contained in this agreement. I, being of legal age, 18 years or older, have read and understand this agreement and by my signature agree to these terms and conditions. If under 18 years old, parent or legal guardian must also sign this statement.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

(REQUIRED for all students.)