

2019-- PALS --* After Grad Party ~ Consent, Waiver and Release

The After Grad party is an alcohol/substance-free event. At check-in, if suspicion of consumption of or possession of illegal substances are present, the student will be detained for questioning and potentially turned away from the event.

The undersigned states and represents that he/she is a graduating senior or a parent/legal guardian of

(Name of 2019 PSH Graduate) PRINT PLEASE

(hereinafter "the participant"), that he/she and the participant consent to the participant's attending and participating in the After Grad Party (hereinafter "the Event") sponsored by PALS 2019, a subgroup of the PSH PTO (hereinafter "the PTO") on May 15, 2019.

In exchange for being allowed to attend and participate in the various activities at the Event, the undersigned does hereby release, waive, discharge, defend, indemnify and hold harmless from every claim, demand, loss, damage, liability and expense relating to any actual or alleged injury to participant or any actual or alleged loss or damage to property caused by or resulting from the negligence of the PTO or its agents while the participant is present at the Event. The undersigned hereby agrees that this Consent, Waiver and Release is intended to be broad and inclusive as permitted by the laws of the state of Missouri.

The undersigned understands that the Event is not being sponsored by the Parkway School District nor any Parkway School and that the Parkway School District has no responsibility for any injury to persons or property at the Event.

The undersigned also understands that one of the voluntary activities may include agreeing to be hypnotized and if the participant chooses to participate in this activity, he/she will be recorded while being hypnotized. Copies of the recording may be made available by the hypnotist to others.

The undersigned further states that he/she has carefully read the foregoing Consent, Waiver and Release, knows and understands the contents thereof, and has signed it as his/her own free act.

Signature of Parent/Guardian Date

Signature of Participant (if 18 years old at time of signing) Date Date of Birth

Emergency Contact for Night of the Event

Emergency Contact Name: _____

Emergency Contact's Phone Number: _____

Relationship: _____