

LA COSTA CANYON GRAD NIGHT 2019 PERMISSION SLIP

Print and return with payment, or complete [online](#)

Graduate Name (please print) _____ ID# _____

Parent/Guardian Name (please print) _____

GRADUATE AGREEMENT

I HAVE READ AND UNDERSTAND THE 'GRAD NIGHT POLICIES AND PROVISIONS' PERTAINING TO MY PARTICIPATION IN GRAD NIGHT ON FRIDAY, JUNE 14TH, 2019. I MUST BE DROPPED OFF BETWEEN 9:45PM AND 10:00PM FOR CHECK-IN AT LA COSTA CANYON HIGH SCHOOL, FROM WHERE I WILL BE BUSSED TO THE PARTY LOCATION. I AGREE NOT TO CARRY ONTO THE BUS OR VENUE PREMISES ANY SUBSTANCES, SUCH AS TOBACCO, DRUGS, ALCOHOL, OR WEAPONS, WHICH WILL AFFECT MY BEHAVIOR AND/OR WILL HAVE A DETRIMENTAL EFFECT ON MY, OR OTHER'S, SAFETY AND/OR ENJOYMENT OF THE EVENING. I UNDERSTAND THAT IF I ARRIVE TO THE BUSSING LOCATION UNDER THE INFLUENCE OF ANY SUBSTANCE, SUCH AS DRUGS OR ALCOHOL, I WILL NOT BE ALLOWED TO PARTICIPATE IN GRAD NIGHT. I ALSO UNDERSTAND THAT, ONCE I ENTER THE PARTY, I MAY NOT LEAVE UNTIL 4:45AM UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE IN ACCORDANCE WITH THE 'GRAD NIGHT POLICIES AND PROVISIONS', AND I AM ACCOMPANIED BY MY PARENT/GUARDIAN. **I AGREE TO THESE PROVISIONS AND AM LOOKING FORWARD TO A SAFE AND MEMORABLE GRAD NIGHT CELEBRATION!**

Graduate Signature _____ Date _____

RELEASE OF ALL CLAIMS/HOLD HARMLESS & INDEMNITY AGREEMENT – PARENT/GUARDIAN AGREEMENT

WE HAVE READ THE 'GRAD NIGHT POLICIES AND PROVISIONS' AND AGREE TO SUPPORT THE BEHAVIOR EXPECTATIONS DESCRIBED THEREIN. WE HEREBY AGREE TO RELEASE THE SAN DIEGUITO UNION HIGH SCHOOL DISTRICT (SDUHSD), LA COSTA CANYON HIGH SCHOOL FOUNDATION (LCCHSF), AND THE LA COSTA CANYON GRAD NIGHT COMMITTEE FROM ANY AND ALL CLAIMS, LIABILITIES, ACTIONS, AND CAUSES OF ANY KIND. WE HEREBY AGREE TO HOLD HARMLESS **AND** INDEMNIFY SDUHSD, LCCHSF, AND THE GRAD NIGHT COMMITTEE FROM ANY OF THE ABOVE, ARISING FROM THE ABOVE-NAMED GRADUATE'S TRAVEL TO, ATTENDANCE, PARTICIPATION AND RETURN FROM ANY GRAD NIGHT ACTIVITY. WE RECOGNIZE THE BENEFITS OF GRAD NIGHT AND ITS MISSION TO SAVE LIVES BY PROVIDING A FUN AND MEMORABLE EVENING FOR OUR GRADUATING SENIORS, IN AN ALCOHOL AND DRUG FREE ENVIRONMENT. WITH THIS UNDERSTANDING, WE HEREBY VOLUNTARILY PROVIDE SDUHSD, LCC HIGH SCHOOL, THE LCCHS FOUNDATION, AND THE GRAD NIGHT COMMITTEE WITH THIS 'RELEASE OF ALL CLAIMS/HOLD HARMLESS AND INDEMNITY AGREEMENT.'

I GIVE PERMISSION FOR THE ABOVE-NAMED GRADUATE TO PARTICIPATE IN THE GRAD NIGHT CELEBRATION AT PARTY PALS. **I UNDERSTAND THAT I AM RESPONSIBLE FOR DROPPING OFF AND PICKING UP THE GRADUATE AT LA COSTA CANYON HIGH SCHOOL.**

Parent/Guardian Signature _____ Date _____

Phone# (during Grad Night) _____ Other Emergency Phone# _____

Parent email address: _____

Physician's name _____ Phone# _____

Graduates allergies or medical condition in case of an emergency _____

I would like to support a graduating student who might not otherwise be able to attend Grad Night, and have included an additional \$ _____ in my payment of \$125 (or \$145 after 5/31/19) for a total of \$ _____. Check to be made payable to 'LCC Foundation' with 'Grad Night' and graduate's name in the memo.

My business/company would like to be a sponsor of LCC Grad Night. Please contact us at _____.