



Deer Park High School Class of 2019 Senior All Nighter (SAN)
June 8, 2019

**GRANT OF PERMISSION, LIABILITY WIAVER, EMERGENCY MEDICAL
TREATMENT CONSENT, AND CONDUCT AGREEMENT**

Full name of Student: _____

GRANT PERMISSION: I, the parent/legal guardian of the above named student, a member of the Class of 2019 at Deer Park High School, hereby grant permission for the aforementioned student to participate in the Class of 2019 SAN at Stoneridge Resort, beginning on June 8, 2019 at 10:00pm and ending on June 9, 2019 at 5:00am.

ACKNOWLEDGEMENT OF RISK: I understand that the SAN is not a school-sponsored event, and that Deer Park High School assumes no legal liability associated with the event. I am aware that the event includes physical games, and agree that, to the best of my knowledge, my child is physically able to safely participate in this celebration.

LIABILITY WAIVER: In consideration for being allowed to participate in the SAN conducted by the Deer Park SAN19 group, the undersigned parent/guardian of the Student, and/or the Student agrees by signing below to waive and does hereby fully release the Deer Park SAN19 group and all its volunteers, and Stoneridge Resort including its staff (collectively "Released Parties") from any and all claims, damages and liabilities of any nature arising out of the SAN. This includes, without limitation, personal injury, property damage, and claims of negligence based on acts or omissions of Release Parties.

CONDUCT AGREEMENT: Any graduate who engages in prohibited behavior including possessing or being under the influence of drugs or alcohol, or engages in other undesirable conduct will be, at the sole discretion of the Deer Park SAN19 group, removed from the event. If this should occur, the parent(s) will be called and required to pick up the student from the venue. No refunds will be granted in this case. The Student (if over 18 years of age) and/or their parent/legal guardian are liable for the full replacement cost of any and all loss or damage to any persons or property that is directly or indirectly caused by the student. (Continued next page)

CONTACT & MEDICAL INFORMATION

Student name _____ Date of Birth: _____

Address:

Parent/legal guardian name(s):

Parent/legal guardian phone(s):

Parent/legal guardian email(s):

Emergency Contact Name:

Relationship to student: _____ Phone #: _____

Medications:

Allergies:

Does the student have a life-threatening food allergy? NO _____ YES _____

If yes, to what?

Does the student carry an EpiPen?

By signing this Agreement, student and parent/legal guardian are affirming that the student and parent/legal guardian have thoroughly read and understand and agree to the terms set forth therein. Further, permission is given to the Deer Park SAN19 to seek medical attention for the student in the event I cannot be reached during an emergency.

**It is understood that admittance will be granted only to a student who has a completed copy of this agreement on file

Parent/legal guardian name printed

Parent/legal guardian signature

Date

Student name printed

Student signature

Date