

Beaverton High School Grad Night Party June 8, 2018

Attention all Senior Parents and Students

Grad Night 2018 is an all-night celebration for graduating BHS seniors; an alcohol & drug-free party with food, music, entertainment and prizes; the place where our kids get to "be kids" for one last night together; a chance for parents to participate in the ultimate "field trip"; the location is a secret, with graduates bused after the graduation ceremony, and returned to BHS at dawn the next morning.

Registration is now open - checks payable to "BHS Grad Night Party"

Price: \$50 until December 31, 2017 and \$75 thereafter

REGISTRATION CLOSES JUNE 1ST- NO EXCEPTIONS

SCHOLARSHIPS ARE AVAILABLE—Contact counselor Bonnie Heaton at Bonnie_heaton@beaverton.k12.or.us or (503) 356-2850

Grad Night Party 2018 Registration Form

Mail this form and your check payable to *BHS Grad Night Party* to:

Beaverton High School. 13000 SW 2nd. Beaverton OR 97005 Attn: Grad Night Chair

PAY VIA PAYPAL Please vis	sit http://beavertongrad.weebly.com/
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enclosed (tax d	leductible)
Email:	Cell:
Email:	Cell:
	Email: enclosed (tax d

UNDER 18 Assumption of Risk and Liability Release Agreement

Minor's Last Name:	Minor's First Name:	Minor's Date of Birth:	
Guardian's Full Name:		-	
Guardian's Email:	Guardian's Phone (In Case of Emergency):		
Alternate Emergency Contact Name & Phone:			
Minor's Allergies:			
I,am the parent or legal guardian of, I understand that my child's use of "The Venue" may involve certain potentially dangerous activities, including but not limited to stretching, running, jumping, lifting weights, swimming, strenuous aerobic exercise and other exercises and activities including cardiovascular exercise which may result in my child's heart rate increasing substantially during these activities. I acknowledge that the activities are inherently physically demanding. Additionally, large interactive games like a mechanical bull, which moves in a side to side and bucking motion, will be at "The Venue." You will fall off of these rides! Falls could result in head, neck, or back injuries. Individuals with disabilities, heart or back conditions, or women who are pregnant should not ride the mechanical bull or other rides. In consideration of "The Venue" permitting my child to use the facilities, or to participate in the activities, I do for myself, and on behalf of my child, my heirs, legal representative and assigns, hereby voluntarily release, waive, & discharge Events Unlimited, and "The Venue", their lessors, heirs, employees, volunteers, successors and/or assigns from any and all claims, demands, damages and causes of action of any nature for any and all loss or damage on account of injury to my person or property, whether caused by negligence or otherwise, while riding or attempting to ride this mechanical bull and other rides. Furthermore, I assume full responsibility on behalf of my child for the risk of bodily injury, death or property damages while riding or attempting to ride this mechanical bull and other rides. I hereby knowingly and willingly assume all the risk of physical, emotional and economic harm which may occur as a result of my child's use of "The Venue" has orelazes bareholders, employees, instructors and agents from any and all losses, costs, expenses, damages, fees, attorney's fees and liability that may result from my child's use of "The Venue", facilities and/or			
Print Name:	_ Signature:	Date:	
OVER 18 Waiver & Release from Liability & Indemnity Agreement			
I, the undersigned, sign this Waiver & Release from Liabilit "Venue" professionals as those terms are defined in Section			
In return for my use of Owner's property and services, I ag "Releasing Parties") that:	ee for myself and anyone else who may make a claim	for me or on my behalf (collectively the	
these risks and all other risks associated with any "Ve safety of others while I participate in "Venue" activities. Release from Liability. I and the Releasing Parties release Owner, for damage to property and for all injuries, de any activity at the "Venue", or the failure of any equipprotection of any applicable statute, the purposed or of or expect to exist when I execute this Release. Authorization to Provide Medical Care. I authorize Ocare that it deems I require. I will be responsible for pobligated to obtain or provide any hospitalization or carelity. Attorney Fees. I will pay Owner reasonable attorney for Miscellaneous. I understand that I cannot revoke this continue to be enforceable. This Release supersedes a Release, each reference to (a) "Owner" means collect agents and/or members; and (b) "I", "me", "my", "my sign. I intend this Release to be enforced to the fulless.	Release for any reason. If any portion of this Release is any statement made by or to me in connection with an ively each Owner identified above, and all of such Owr self", and other first person references will include any extent allowed by law.	nat could interfere with my safety or the pating in activities at the "Venue". In a lawsuit or other legal action against my other Releasing Party, that arises out of gence or other fault of Owner. I waive the es not extend to claims that I do not know ergency hospitalization or other medicaled to me. I understand that Owner is not medical care available at or near the sunenforceable, all other provisions will by activity at the Venue. As used in this ner's managers, employees, representatives y child, ward or other minor for whom I	
I have carefully read this release. I understand its content and voluntarily agree to its terms. I am signing this release as a condition to participating in activities at the venue.			
Name:	Birthdate:		
Email:	Phone:		

Print Name:_____ Date:_____

Emergency Contact Name & Phone: