

**2024 Jesuit High School Grad Night Emergency Information/Agreement/Waiver and Release
FOR MINOR ATTENDEES UNDER THE AGE OF 18**

Date: May 25 - 26, 2023, 9:30 p.m. – 3:00 a.m.

Student Name: _____

Parent/Guardian Emergency Information :

Parent/Guardian Name: _____ Parent Phone Number: _____

Alternative Emergency Contact Name/Number: _____

1. In the event of an accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of Jesuit High School to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the Physician named below to undertake such care and treatment of my child as he/she considers necessary. If that Physician is not available at any time, I authorize such care and treatment to be performed by a licensed Physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

Physician's Name: _____ Phone #: _____

Medical Insurance: _____ Policy #: _____

2. I do not choose the statement in Paragraph 1 and desire the following action to be taken in an emergency: _____

3. I understand and agree that participation in the Grad Night is voluntary, and as a condition of going on the Grad Night, agree to waive all claims against Jesuit High School, including but not limited to, its employees, volunteers, and/or vendors for injury, accident, illness, or death occurring or by reason of the Grad Night. This waiver includes all claims except those arising from Jesuit's, its employees, volunteers, and/or vendors gross negligence.

I acknowledge that my participation in the Grad Night is not required by Jesuit High School, or any teacher or employee of Jesuit, and is voluntary. I understand that Jesuit High School has not investigated or approved the safety involving the Grad Night, the qualifications or financial responsibility of any person or firm involved in the Grad Night, or the facilities or equipment used. I waive, release, and discharge Jesuit High School from any and all claims for damages or personal injury, death, or property damage which I may have, or which occurs as a result of my participation in the Grad Night. It is understood that the Grad Night may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. I further agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

My signature on this form shall constitute an informed and knowing waiver as required by law. I agree that I have carefully read this agreement, waiver, and release and fully understand its contents, and have provided emergency information. I am aware that this release of liability is a contract between me and Jesuit High School. My signature below also authorizes my son to participate in Grad Night.

Parent/Guardian Signature: _____ Date: _____