

Jesuit High School Grad Night 2022 Attendee Behavior Agreement Form

Attendee must initial each line of expected behaviors:

- _____ I understand I need to check in at Golfland Sunsplash NO LATER THAN 11:00 p.m. on Saturday, May 21.
- _____ I will not consume or bring alcohol, tobacco (of any form including vaping) or any other drugs to Grad Night.
- _____ I will not bring or use any weapon of any kind to Grad Night.
- _____ I will not bring medications of any kind (RX and including Tylenol or Advil) to Grad Night, unless I present medicine at check-in with an accompanying written note from parent/guardian – ONLY BRING THE AMOUNT NEEDED FOR THE NIGHT.
- _____ I agree and understand that I will not leave the Golfland Sunsplash event or leave the main Grad Night activity area or group for any reason, unless accompanied by a Grad Night chaperone.
- _____ I agree and understand that I must leave Golfland Sunsplash when the event is over at 3:00 a.m. Sunday, May 22 with my parent or legal guardian only.
- _____ Grad Night chaperones are not responsible for lost or stolen items.
- _____ I will not behave in any way that threatens my own safety or the safety of others at any time at Grad Night.
- _____ If I observe unsafe behavior of others, I will immediately advise a Grad Night chaperone.

Attendee AND parent/guardian must initial acknowledgement of consequences for any breach of expected behaviors:

- _____ _____ Attendees not complying with expected behavior may be required to sit with a Grad Night chaperone the event has ended
- _____ _____ Attendee's parent/guardian may be called to pick-up student in Roseville for egregious breaches of expected behaviors.
- _____ _____ Transportation to and from Golfland Sunsplash will be the responsibility of the parent or guardian.
- _____ _____ Attendee may not drive himself to or from Golfland Sunsplash.
- _____ _____ Grad Night is an alcohol, drug, and tobacco free party. Jesuit Grad Night is a "Zero Tolerance" event. If attendees are in possession of or suspected to be under the influence of alcohol, tobacco or drugs, They will be denied entry and will be turned over to their parents/guardians.

Attendee Name (please print)

Attendee Cell Phone

Attendee Signature (acknowledging commitment)

Date

Parent/Guardian Name (please print)

Parent/Guardian Cell Phone

Parent/Guardian Signature (acknowledging commitment)

**2022 Jesuit High School Grad Night Emergency Information/Agreement/Waiver and Release
FOR MINOR ATTENDEES UNDER THE AGE OF 18**

Date: May 21 - 22, 2022, 10:00 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 2022 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: _____

2022 Jesuit High School Grad Night **Emergency Information/Agreement/Waiver and Release**
FOR ATTENDEES 18+

Date: May 21 - 22, 2022, 10:00 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, 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. I FULLY UNDERSTAND I AM 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 2022 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.

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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.

Signature: _____ Date: _____