

**Attention seniors!!!**  
**MCHS Project Graduation Committee**  
**Cordially invites all seniors of the class of 2011 to attend the 14<sup>th</sup> annual**  
**GRAD NIGHT CELEBRATION**



**Fun \* Music \* Casino \* Prizes \* Entertainment \* Food \* Lasting Memories**

**ALL NIGHT EXCITEMENT**  
**FRIDAY, May 27<sup>TH</sup> 2011**  
**9:00PM 'TIL 4:00AM**

**GUIDELINES:** The party starts at 9:00 pm. No one will be allowed in after 10:00pm. The parents / guardians of seniors who have paid the entrance fee and have not checked in by 10:00 pm will be contacted. If you leave the party before 4:00 am, the following rules will apply. Under 18, your parent/guardian will be contacted and you will only be released to them after they have signed you out. Seniors 18 and over will be required to sign out. Your parents/guardians will be contacted and you will be unable to rejoin the celebration. Anyone suspected of using alcohol and/or drugs will be kept in a supervised area until their parents/guardians can pick them up. You must be present to win prizes. MCHS Seniors ONLY – It's your party. Entrance fee is neither refundable nor transferable. Please note: **No tickets are issued for this event.** Students that have paid their entrance fee will have their name maintained on a listing that will be kept at the entrance to the party. As students enter the party, their name will be checked off the listing.

Please complete the information **on both sides** of this form and return with entrance fee payment.

Student Name: \_\_\_\_\_ Advocacy Teacher: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Mother/Guardian E-mail: \_\_\_\_\_ Father/Guardian E-mail: \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ (MM/DD/YY) Address: \_\_\_\_\_

**Parents will be emailed a confirmation of student's payment. To tickets are issued.**

**Entrance fee: \$60.00 now until the week of the party. \$75.00 week of May 27th.**

TOTAL AMOUNT PAID: \$ \_\_\_\_\_ CASH: \$ \_\_\_\_\_ CHECK: # \_\_\_\_\_

Please make checks payable to: MCHS Project Graduation. Mail or bring into school office at 6975 Montecito Blvd., Santa Rosa, CA 95409 . For questions, please contact Judy Badgley at 707.579.9419 or kbadgle@comcast.net.

I agree to the above Guidelines for MCHS Project Grad 2011:

\_\_\_\_\_  
Student Signature Date

I give permission for my student to attend the MCHS Project Grad:

Graduation set forth above. \_\_\_\_\_  
Parent / Guardian Signature Date

**MUST COMPLETE BACK SIDE OF FORM**

### Release and Assumption of Risk Agreement

The undersigned is the parent/legal guardian of \_\_\_\_\_.  
(Student name)

My student wishes to participate in the MCHS Project Graduation celebration on May 27, 2011.

I understand that there are risks and dangers incidental to my child's participation in this event and that there is a risk that my child could be injured. I hereby give my consent for my child to participate in this event and I, on behalf of myself and my child, assume the risk and dangers associated with my child's participation in this event.

In return for the MCHS Project Graduation permitting my child to participate in Project Graduation, I hereby release and waive on my own behalf, on behalf of my child, and on behalf of any persons claiming by or through me, or my child, any and all claims or causes of action for ordinary negligence which I or my child may have against the MCHS Project Graduation Program, its officers, directors, agents, employees and volunteers arising out of or resulting from any and all injuries, accidents, illnesses or damages of any nature, including death, which my child may suffer while taking part in the event or any activity connected to the event.

IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Release and Assumption of Risk Agreement, I understand it and sign it voluntarily as my own free will; no oral representations, statements, or inducements, apart from the foregoing written Agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Agreement for full, adequate and complete consideration fully intended to be bound by same.

Parent or Guardian Name: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_