



**ATTENTION SENIORS!!!**  
**MCHS Project Graduation Committee**  
**Cordially invites all Seniors of the Class of 2018 to attend the**  
**22<sup>nd</sup> annual GRAD NIGHT CELEBRATION**

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

**FRIDAY, June 1, 2018                      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 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. **Student ID or Driver's License will be required upon entrance.**

Please complete the information **on both sides** of this form and return with entrance fee payment. **Signatures are required on both sides. Print clearly** – we need to email confirmation to all addresses!

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

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

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. No tickets are issued. We recommend students have a picture of their Student ID or Driver's License on their phone - in case they forget their ID. Driving tired is just as dangerous as driving drunk. We recommend parents pick up their graduates at the 4am release time.**

Entrance fees:

\$50.00 Before May 11, 2018 - Seniors will receive 15 prize tickets at Check In

\$60.00 Before May 25, 2018

\$70.00 May 26 - June 1, 2018

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

Please make checks payable to: MCHS Project Graduation. Bring into MCHS Business Office or mail to Jennifer Kelleher at 1340 Shadyoak Place, Santa Rosa, CA 95404. Questions – Jennifer Kelleher at [djkelleher@sbcglobal.net](mailto:djkelleher@sbcglobal.net) or [www.MCHSprojectgrad.com](http://www.MCHSprojectgrad.com)

I agree to the above Guidelines for MCHS Project Grad 2018 set forth above: \_\_\_\_\_

Student Signature

Date

I give permission for my student to attend the MCHS Project Grad 2018: \_\_\_\_\_

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 June 1, 2018.

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. Acknowledgement that event photography will be used for marketing purposes

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:** \_\_\_\_\_