

Issaquah High PTSA presents

Issaquah High School Class of 2018 All Night Grad Party

All Night Party on Graduation Night

Know that your Grad is safe, chaperoned, well fed and having a blast!
Your Senior won't want to miss this one!
This is an annual tradition sponsored by the PTSA.
It's the last chance for the Class of 2018 to celebrate together.
Early Bird Ticket Price of \$170 for a limited time only. Order ASAP!

Scholarships available! Contact – Nicci Allen, IH PTSA Senior Events Coordinator at
IHS2018seniorevents@gmail.com. All information kept confidential.

All Night Grad Party Registration Form

The All Night Grad Party is a parent-sponsored, chaperoned, safe, alcohol- and drug-free event for all Issaquah High School Seniors. Pre-Registration is required. Ticket prices are \$170 per person until February 28, 2018, then increase to \$195 each.

To register, choose one option below:

- Pay online. Print, complete, SIGN and mail the Registration form, Hold Harmless Agreement & Emergency Medical form to Nicci Allen, 2018 Senior Events, 1760 – 24th Ave NE, Issaquah, WA 98029.
- Print, complete, SIGN and mail the Registration form, Hold Harmless Agreement & Emergency Medical form along with your CHECK payable to IH PTSA to Nicci Allen, 2018 Senior Events, 1760 - 24th Ave NE, Issaquah, WA 98029
- Pay online. Print, complete, SIGN, scan and email forms to IHS2018seniorevents@gmail.com.

Every attendee must turn in these forms to attend the All Night Grad Party. Please be aware that no refunds can be offered after March 28, 2018, as we will be committed to venues and vendors. Contact Nicci Allen at IHS2018seniorevents@gmail.com with any questions.

Student Name _____ Phone Number _____

Parent email: _____

Student email: _____

Don't forget to SIGN the attached registration/permission/medical release and hold harmless agreement. ALSO, have your senior SIGN the Hold Harmless Release form if they will be 18 before graduation.

2018 SENIOR CLASS GRADUATION PARTY AGREEMENT

RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION

(FILL IN FULL SCHOOL NAME)

Please fill in the school name above, complete the Contact Information section below, and sign at the bottom of the 2nd page after reading.

Your senior has asked to attend our drug-and alcohol-free graduation event (the “Graduation Event” or “Event”). The purpose of the Graduation Event is to provide a fun, memorable experience that celebrates the seniors’ hard work. The Parent Planning Committee is committed to keeping it safe, drug- and alcohol-free, and to ensure that the conduct of all seniors is in keeping with this goal. As a condition of participation and in consideration of the services provided by the parents on the Parent Planning Committee; the Howard Group, Inc., d/b/a *Grad Nights*, and its officers, owners, employees, agents, contractors, entertainers, and volunteers; and all other persons or entities acting in any capacity with respect to the event, including the venues who host and provide services at the graduation event (hereinafter collectively referred to as the “Graduation Party Producers”), **the senior and parent/guardian agree as follows:**

RULES AND PROHIBITED ITEMS SEARCH: All seniors and their personal belongings will be searched prior to their gaining entry to this event. Senior and parent/guardian will abide by the rules and directions established by the Graduation Party Producers. Any senior who is engaging in prohibited or undesirable behavior may be removed from the event, at the sole discretion of the Graduation Party Producers, whereupon the parent/guardian will be contacted and must pick up their senior from the graduation event location. No refunds will be granted.

SENIOR’S DAMAGE TO PROPERTY: The senior and their parent/guardian will pay the full replacement cost for any and all losses or damage to any property that are directly or indirectly caused by the senior while participating in the Graduation Event.

AUTHORIZATION FOR MEDICAL CARE: In case of emergency, the senior and the parent/guardian of the senior named below authorize all medical, surgical, diagnostic, and hospital procedures as may be deemed necessary and performed by a treating health care provider.

USE OF LIKENESS: Senior and parent/guardian give full consent to *Grad Nights* to make and use photographs, videos, or likeness of any senior attending this event for the purpose of advertising, publicizing, promoting, etc.

CONTACT INFORMATION

Senior Name: _____	Date of Birth: _____
Senior Cell Phone: _____	Senior Email: _____
Address: _____	
Parent/Guardian Name(s): _____	
Parent/Guardian Phone(s): _____	
Parent/Guardian Email: _____	
Emergency Contact Name: _____	
Relationship to Student: _____	Phone Number(s) _____
Medications: _____	
Chronic Illnesses/Allergies: _____	Date of Last Tetanus Shot: _____
Insurance Provider: _____	
Does Senior have a life-threatening allergy or condition? <input type="checkbox"/> NO <input type="checkbox"/> YES – You will also need to complete, at a later date, an Emergency Care Plan (“ECP”). The Parent Planning Committee will have ECPs available.	

Due to the types of venues where events are held, custom meals for special dietary needs cannot be guaranteed available, or that there are no cross-contamination issues in the commercial kitchens. If you have any special dietary needs, you will be responsible for providing your own food – please notify the party chairperson of your special needs and that you will provide your own meal.

The signature page (next page) must be attached or printed on the back side of this form.

Important Additional Provisions

- 1. ACTIVITIES AND ASSOCIATED RISKS:** The Graduation Event may include a variety of entertainment, recreational, athletic and sporting activities including activities using equipment provided by Graduation Party Producers including but not limited to swimming pools, skating rinks, bowling centers, segways, bumper cars, go-karts, hypnotists, factor of fear shows, disc jockeys (possibly with lights which can have a strobe-like effect, as well as non-toxic fog machines), sumo wrestling, bungee runs, obstacle courses, pounce and bounces, velcro walls, climbing walls, henna, bungee/mechanical bull, joust, slide, zip line, and other inflatables, and such activities and equipment are collectively referred to as "Recreational Entertainment and Equipment". Senior and parent/guardian acknowledge that participation in and use of Recreational Entertainment and Equipment involve known, unknown, inherent and unanticipated risks, which could result in serious physical or emotional injury, falls, muscle strains, broken bones and other potential injuries. These risks include, but are not limited to, senior's failure or failure of other participants to follow the safety guidelines or instructions of Graduation Party Producer's personnel; improper use of equipment; inadequate repair or maintenance of Graduation Party Producer's facilities and equipment; manufacturing or other defects, both apparent and latent, in the equipment supplied or used by Graduation Party Producers; senior's or other participants' attempts to exceed their skills and/or act in a reckless manner; senior's physical condition; improper first-aid, emergency treatment or other attempted rescue services; the unavailability of medical services or immediate medical attention in the case of injury; and acts or omissions of Graduation Party Producers, including insufficient instruction or assistance.
- 2. ASSUMPTION OF RISKS:** Senior and parent/guardian expressly and freely accept and assume all of the risks relating to their participation in the Graduation Event including but not limited to participation in and use of Recreational Entertainment and Equipment. Senior and parent/guardian agree that senior's participation in the Graduation Event and participation in and use of any Recreational Entertainment and Equipment is purely voluntary, and that any participation is done in spite of the risks.
- 3. RELEASE OF LIABILITY/INDEMNIFICATION:** Senior and parent/guardian each hereby release and covenant not to sue each of the Graduation Party Producers, their owners, employees, agents, and any related affiliate and/or subsidiary entities (collectively "Released Parties") from any and all claims, damages and liabilities of any nature arising out of the Graduation Event, including, without limitation, personal injury, property damage, and claims of negligence based on acts or omissions of Released Parties, but not including gross negligence or intentional misconduct or other liabilities not releasable by law. Senior and parent/guardian each further agree to indemnify, defend and hold harmless Released Parties against any claims released in Section 3, against senior and parent/guardian's acts or omissions, and against any other claim or damage arising from senior's participation in the Graduation Event, including, without limitation, personal injury and property damage, and attorney's fees and costs incurred to defend against indemnified claims.
- 4. LIFE-THREATENING CONDITIONS:** Senior and parent/guardian agree to abide by the *Grad Nights* life threatening food allergy policy and will provide an Emergency Care Plan if senior has a life threatening condition or allergy. Additionally, senior and parent/guardian agree and acknowledge that the Release of Liability and Indemnification provisions of this Agreement include claims and damages arising out of senior's consuming or handling of the food provided during the Graduation Event.
- 5. SEVERABILITY/ATTORNEYS FEES AND COSTS/APPLICABLE LAW:** Should Graduation Party Producers or anyone acting on their behalf incur attorneys' fees and costs to enforce this Agreement, senior and parent/guardian further agree the prevailing party shall be entitled to recovery of any such fees and costs. In the event that any portion of this Agreement is deemed invalid or unenforceable, all other portions of this Agreement shall remain in full force and effect to the maximum extent allowed by law. This Agreement is governed by the laws of the State of Washington.
- 6. OTHER:** Senior and parent/guardian certify that senior has insurance to cover injury or damage senior may cause or suffer while participating in the Graduation Event, and further agree that senior and parent/guardian will bear any uninsured costs of such injury or damage themselves. Senior and parent/guardian further agree and warrant that senior has no medical or physical conditions which could interfere with senior's safe participation in the Graduation Event including participation in and use of any Recreational Entertainment and Equipment and that senior will not engage in any activity which is inappropriate for senior given any medical, physical or emotional condition of senior. In the event such conditions exist, senior and parent/guardian agree the risk of senior's participation in the Graduation Event and participation in and use of Recreational Entertainment and Equipment with such condition is included in their assumption of risk under this Agreement and any damages and claims arising from participation with such a condition are included within their commitments to release, indemnify, defend and hold harmless under this Agreement.

Parents & Seniors to Sign at Any Time:

By signing this Agreement Senior and parent/guardian are affirming that Senior and parent/guardian have had sufficient opportunity to thoroughly read both sides of this document, and that they fully understand and agree to the terms set forth therein.

Senior's Signature

Senior's Printed Name

Date

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date

Seniors to Sign the Night of the Party:

In the event that the senior has attained the age of majority (eighteen years of age), between the time that this document is initially signed and the date of the graduation party, senior hereby reaffirms senior's agreement to the terms of this agreement by re-reading, signing and dating the line entitled "Adult Senior's Signature Reaffirming Agreement".

Adult Senior's Signature Reaffirming Agreement

Date

Life-Threatening Food Allergy Emergency Care Plan (ECP)

Student Information		
Senior Name:	Life-Threatening ALLERGY to:	
Emergency Contact 1 (Full Name & Phone #):	Emergency Contact 2 (Full Name & Phone #):	
Senior should avoid contact with this/ these allergen(s):		
Other allergies:		
Will the senior be bringing separate food to the event? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will the senior be carrying an EpiPen on his or her person during the event? <input type="checkbox"/> YES <input type="checkbox"/> NO		
School:	Birthdate:	Night-of-Event Bus #: <i>Onsite help to enter day of event</i>
Routine medications (at home/school):	Asthmatic? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of last reaction:
Is it medically necessary for student to carry their own EpiPen? <input type="checkbox"/> YES <input type="checkbox"/> NO	High Risk for life-threatening reaction? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Please list the specific symptoms the student has experienced in the past.</u>		
<input type="checkbox"/> MOUTH Itching, tingling, and/or swelling of the lips, tongue, or mouth <input type="checkbox"/> SKIN Hives, itchy rash, and/or swelling about the face or extremities <input type="checkbox"/> THROAT Sense of tightness in the throat, hoarsened and hacking cough <input type="checkbox"/> GUT Nausea, stomach ache/abdominal cramps, vomiting and/or diarrhea <input type="checkbox"/> LUNG Shortness of breath, repetitive coughing, and/or wheezing <input type="checkbox"/> HEART “Thready” pulse, “passing out”, fainting, blueness, and pale <input type="checkbox"/> GENERAL Panic, sudden fatigue, chills, fear of impending doom <input type="checkbox"/> OTHER _____		
IF YOU SUSPECT A LIFE-THREATENING ALLERGIC REACTION TO FOOD, IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911.		
Student's Standard Medication Doses		
EPIPEN (.03) <input type="checkbox"/> Student May Administer: <input type="checkbox"/> YES <input type="checkbox"/> NO	EPIPEN JR. (0.15) <input type="checkbox"/> Student May Administer: <input type="checkbox"/> YES <input type="checkbox"/> NO	ANTIHISTAMINE: _____ CC / MG (circle one)
Repeat dose of EPIPEN: <input type="checkbox"/> YES <input type="checkbox"/> NO		EpiPen Side Effects:
If YES, when:		
Give (list medication) _____ _____ Teaspoons _____ Tablets by mouth		Other Medication Side Effects:
I agree to notify the Planning Committee of any changes to the above information between now and the date of graduation.		By: _____ (Parent/Guardian's Signature) Date: _____
Action Plan if an Allergic Reaction Occurs During the Event		
<ol style="list-style-type: none"> 1. Administer Epinephrine AND CALL 911 (DO NOT HESITATE to administer Epinephrine). 2. 911 MUST BE CALLED IF EPINEPHRINE IS ADMINISTERED. 3. Advise 911 that the student is having a life-threatening allergic reaction AND Epinephrine is being administered. REQUEST ADVANCED LIFE SUPPORT. 4. Note the time of Epinephrine administration: _____ AM / PM 5. Place EpiPen in the container provided AND send with emergency responders along with ECP. 6. Call Parents or other emergency contacts. 		
Signature of Emergency Responders: _____		Date: _____
Printed Name of Emergency Responders: _____		