I agree to attend Keene High School Project Graduation, and abide by all rules set forth. I understand I must stay at Project Graduation until I am dismissed at the conclusion of the event unless a parent/guardian physically comes to pick me up. I understand Project Graduation is not a school sponsored event, therefore, I agree to list an emergency contact person for my child/ward, and understand Emergency Services will be called at my own expense should they be needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Students Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contacts Name Phone Number

Please list any Medical Information we may need (ex; allergies, illnesses/conditions that emergency medical personnel would need.)- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies/ Dietary Restrictions-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE OF LIABILITY**

**PLEASE READ THIS DOCUMENT CARFULLY AND SIGN IT ONLY IF YOU**

**FULLY UNDERSTAND IT**

The undersigned, recognize the inherent risks in attending Keene High School Project Graduation, and I willingly, assume any such risk of injury, now or in the future, and further I voluntarily release KEENE HIGH SCHOOL PROJECT GRADUATION, and all of their employees, officers, owners and agents from any responsibility on account of any injury I or my child or ward may sustain while participating in these activities. I, also, so indemnify and hold blameless KEENE HIGH SCHOOL PROJECT GRADUATION, and all of their employees, officers, owners and agents on any such claims, now or in the future.

**ANYONE UNDER THE AGE OF 18 MAY NOT ATTEND PROJECT GRADUATION WITHOUT THIS FORM BEING SIGNED BY A PARENT OR GUARDIAN.**

*I have read the above statement in its entirety and agree to abide by it.*

Participants Signature: \_\_\_\_\_ Participants Name:

Parent/Guardian Signature: \_\_\_\_\_ Print Name:

Date: Date:

**\*RETURN TO MISS. SIMPSON IN ROOM 606 OR BRING TO PROJECT GRADUATION**