



**GRAD NIGHT PARTICIPANT RELEASE AND WAIVER OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

The undersigned hereby certifies that I am the legal parent/guardian of \_\_\_\_\_, a graduate (hereinafter the "PARTICIPANT") participating in GRAD NIGHT activities at an undisclosed location (hereinafter the "FACILITY"). In consideration of being permitted to enter the FACILITY's premises and being granted access to the FACILITY's amenities, services, and being permitted to participate in any of the GRAD NIGHT activities at the FACILITY, the undersigned:

1. Agrees that he/she will instruct the PARTICIPANT that he or she must adhere to the FACILITY's Rules of Conduct and may not be under the influence of, or use, illegal drugs, tobacco or alcohol prior to or during the event.
2. Agrees that any damage caused by the PARTICIPANT will be paid by the undersigned to the owner(s) of the damaged item(s).
3. Represents that the PARTICIPANT has medical coverage and has been released to participate in the activities conducted during GRAD NIGHT by his/her personal physician and understands that in the event of a medical emergency, the undersigned or the listed emergency contact person will be notified immediately, and if neither are available for consultation, grants permission to the FACILITY to obtain medical treatment as necessary.
4. Hereby releases, waives and discharges the FACILITY, including its officers, agents, employees, managers, independent contractors, parent organizations, subsidiaries, affiliates and personnel ("Releasees") from, and agrees and covenants not to sue Releasees for any claim, liability, or demand of any kind or on account of any personal injury, temporary or permanent disability, death, property damage or other damages to PARTICIPANT or the undersigned, whether caused by the negligence of Releasees or otherwise, resulting from or in any way associated with the participation in any of the GRAD NIGHT activities at the FACILITY. Further, the undersigned agrees and covenants to indemnify Releasees for, and hold Releasees harmless, from any such claims, liabilities or demands.
5. HEREBY VOLUNTARILY ASSUMES ALL RISKS of personal injury, including temporary or permanent disability or death, property damage, economic losses, and/or other damages to PARTICIPANT and/or undersigned resulting from or in any way associated with the PARTICIPANT or undersigned's entry on the FACILITY's premises or use of the FACILITY's amenities, services, or participation in any of the GRAD NIGHT activities at the FACILITY.
6. Acknowledges and agrees that this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT is intended to be, and is, an complete release of any responsibility of Releasees for personal injuries and/or temporary or permanent disability or death and/or property loss/damage sustained by the PARTICIPANT or undersigned while on the FACILITY's premises or while using the Facility's amenities, services or while participating in any of the GARAD NIGHT activities at the FACILITY; and undersigned further acknowledges and agrees that it is specifically intended to and does include release, waiver, assumption of risk and indemnity as to premises liability claims such as (by example, not limitation) slip and falls and/or trip and falls at the FACILITY.
7. Understands that this waiver and release is intended to be as broad and inclusive as permitted by the laws of this state and that if any portion of this waiver and release is held invalid, the balance shall continue in full legal force and effect. The undersigned confirms that he/she has read and understands this GRAD NIGHT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIT AGREEMENT and acknowledges and agrees to its terms, and signs it freely and voluntarily.

\_\_\_\_\_  
Signature of Graduate (PARTICIPANT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Graduate's Name

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Allergies, or any other health conditions, if any