

SOBER GRAD NIGHT EVENT CONTRACT

Student First Name: _____ Last Name: _____

The following policies have been established to ensure the safety and enjoyment of everyone attending the grad night party. Please read them carefully and *sign both sides* to indicate your willingness to abide by them. Signed contracts can be returned on or before Senior Checkout, office or mail to: UMHS Grad Night, P.O.Box 1151, Diamond Spgs, Ca. 95619

UMHS Grad Night will take place on campus, 1/2hour after graduation ends, on Thursday, May 25th, around 9pm through Friday, May 26th at 5:00am.

- Grad Night is for all 2017 Union Mine / Mt.View High School graduates.
- Check in begins ½ an hour following the ceremony (about 9pm), with doors closing for admittance at 11:00pm. This will allow students some family time.
- Parents, you will be called (at 11:30pm) if your child has purchased a ticket but **does not** check in for Grad Night. We want to be sure you know they are not at the event.
- Dress is casual and a check-in room for belongings will be provided.
- If you want to **pre arrange** for your child to leave event early, please call 530-306-6496, otherwise, no grad can leave the party prior to 5:00am on Friday, unless a parent comes to pick them up (*even if the student is 18 years of age*).
- No tobacco, alcohol, drugs, outside food or drinks will be allowed.

Any student found to be under the influence of alcohol or drugs, will be taken to a designated area for safety and their parents will be notified.

For any questions or concerns, please contact Jolene Trulli 530-306-6496. Thank you!

Student section

I have read and understand the above and I agree to abide by this contract.

Student's name (printed)

Student's signature

Date

Parent/Guardian section

I have read the above contract and give my consent for my child's participation.

Parent/Guardian name (printed)

Parent/Guardian signature

Date

Parent's phone number (during SGN event)

Alternate contact #

****SEE OTHER SIDE ****

WAIVER AND ASSUMPTION OF RISK FOR
SACRAMENTO PARTY JUMPS AND REAL MAGIC

I voluntarily make and grant the Waiver and Assumption of Risk in favor of SACRAMENTO PARTY JUMPS and/or REAL MAGIC to engage in the activities sponsored by the equipment from SACRAMENTO PARTY JUMPS and/or REAL MAGIC. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, SACRAMENTO PARTY JUMPS and/or REAL MAGIC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise. I further agree to use my best judgment in undertaking these activities, use and/or receipt and to faithfully adhere to all safety instructions and recommendations, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. If signing for a minor, I agree that I am the parent or guardian, and agree to all terms of this agreement. This Waiver and Assumption of Risk is effective May 25-26, 2017 inclusive, and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of SACRAMENTO PARTY JUMPS and/or REAL MAGIC.

I certify that I am a competent adult and have read and understood the rules as listed above and the Waiver and Assumption of Risk, and by signing below, I assume the risks and responsibilities of these games.

Student's Name (printed)

Student's signature

Date

Parent/Guardian Name (printed)

* Parent/Guardian signature

Date

Emergency contact phone number