

# Carroll Senior High School Project Graduation 2011 Student & Parent Commitment Contract and Release Form

*Please return this form along with payment to order your ticket.*

- All Seniors are encouraged to purchase their tickets prior to Friday, May 27th. Advance tickets are \$75 until Friday, April 29th. After the first deadline they are \$85 up to Friday, May 28th. At the door, June 3 they are \$100.  
**No one will be issued a ticket or allowed entry WITHOUT the completed Commitment Contract and Release Form.**
- Admission into the celebration will require photo ID for students. No exceptions. All seniors will arrive at Main Event no earlier than 11:00 PM and no later than 12:15 AM.
- Students will come to the event free of any drugs, alcohol or tobacco products and will not be admitted if it is suspected the student has already consumed drugs or alcohol. The use of any of these products during the celebration will result in immediate removal and a phone call will be made to the student's parent/guardian. Parent or guardian designated on the form below will be called to pick up any graduate who does not comply with the drug and alcohol policy. Local Police officers will be on site to deal with inappropriate behavior or violations of the law.
- Once at Project Graduation, all students are encouraged to stay for the duration of the party. If a student chooses to leave prior to 5:00 AM a parent or guardian must be notified of the student's early departure. We must verbally confirm you are aware of their departure, so please assure your emergency phone number is accurate or they will not be able to leave. If released, graduates will not be allowed to re-enter Main Event.
- In case of illness, parents will be notified and transportation will be arranged accordingly.
- Students must attend the full duration of the event to be eligible for prizes and gifts. Photo ID required for prize pick-up.
- Students will respect the event site and do no malicious damage.
- Appropriate clothes must be worn. Clothing with pockets is suggested. Shirts and shoes are required.
- Smoking will not be permitted.
- Please be advised that for all activities → PLAY AT YOUR OWN RISK. The student and the parents or guardians of students participating in Project Graduation will not hold Carroll Senior High School PTSO, Carroll Senior High School, Carroll Independent School District or any individual Project Graduation committee member or volunteer responsible for any accident or injury during the party, nor for those students who leave early or who buy tickets and do not attend the party.

## **Student Contract**

I hereby understand and agree to comply with the above conditions for participation in the Project Graduation 2011 on June 3-4, 2011 at Main Event in Grapevine, TX. I understand that in the event of my inappropriate behavior, I will be asked to leave and my parents will be notified. I hereby release and agree to Carroll Senior High PTSO, Carroll Senior High School, Carroll ISD, their affiliates, subsidiaries, volunteers and agents of Main Event harmless from any and all claims which may arise from my use or presence on such premises and activities thereon.

Student Name: \_\_\_\_\_ CSHS -ID #: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parent/Guardian Consent**

I hereby give my permission for \_\_\_\_\_ (student) to participate in Project Graduation on June 3-4, 2011 at Main Event in Grapevine, TX. I understand and agree to the above conditions for his/her participation. I understand if he/she violates any of these conditions, I will be contacted to provide transportation if he/she is asked to leave the event. I hereby release and agree to Carroll Senior High PTSO, Carroll Senior High School, Carroll ISD, their affiliates, subsidiaries, volunteers and agents of Main Event harmless from any and all claims which may arise from my child's use or presence on such premises and activities thereon.

Parent/Guardian Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell phone# \_\_\_\_\_ Emergency # \_\_\_\_\_

Insurance Information: In case of emergency, Hospital preference \_\_\_\_\_

Physician Name and Phone #: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

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