

**GRAD NIGHT REGISTRATION FORM**

**(Complete and return this form with payment)**

**Student information:**

**Student Name:** \_\_\_\_\_

**Email address (preferred mode of communication):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Home Phone number:** \_\_\_\_\_ **Cell Phone number:** \_\_\_\_\_

**Parent/ Legal Guardian information:**

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Email address (preferred mode of communication):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Home Phone number:** \_\_\_\_\_ **Cell Phone number:** \_\_\_\_\_

**Registration checklist:**

- \_\_ Grad Night Registration form
- \_\_ Student Behavior Agreement and Waiver of Liability Parent/Guardian Agreement
- \_\_ Medical Authorization Form
- \_\_ Raffle ticket stubs with student's name on back
- \_\_ Admission fee (see admission fee schedule)
- \_\_ Memory Hall: email 4-5 photos to Beniciagradnight@gmail.com w/ students name in subject line.

**Grad Night Sweatshirt Size:**

Small /  Medium /  Large /  X Large /  2X Large /  3X Large

***Sweatshirt is included with price of admission!***

-----  
***Grad Night Registrars use only***

**Date payment received** \_\_\_\_\_

**Docs rec'd:** Sweatshirt Size / Student Behavior Agreement / Parent (Legal Guardian) Agreement / Medical Release

**Raffle Tickets:** \_\_\_\_\_ turned in

**Parent notified of missing item(s):** \_\_\_\_\_ (if applicable)

**School:** BHS Liberty

**Student Behavior Agreement and Waiver of Liability**

**(Complete, Sign and Return this form)**

I understand that attending Grad Night is a privilege and agree to the following:

1. Hours are from **8:00 June 8, 2024** to approximately **1:30 am, June 9, 2024**. I may not arrive earlier than 8:00 nor later than 9:00pm. I understand that all forms must be completed and on file, and full payment made, prior to entry. Altered or incomplete paperwork will not be accepted.
2. I agree to wear my Grad Night attendee identifier at all times while at Grad Night, in order to verify my identity if asked to do so by a staff member.
3. I agree to remain at the event for the duration and understand that upon entering the premises, I will not be permitted to leave early unless the Medical staff determines that it is necessary, and my parent(s)/guardian(s) grant permission. In the event that I do leave, I will not be permitted to return. I understand and agree that the Grad Night Committee is in no way responsible for me or any subsequent actions on my part should I leave the premises.
4. I understand Grad Night is a drug free, alcohol free and tobacco free graduation party and that there will be a ZERO TOLERANCE POLICY. I agree to act as a responsible individual, in an acceptable and respectful manner, at all times, while a guest of Grad Night. I agree to arrive sober and to not bring any drugs, alcohol and/or tobacco products to Grad Night. I understand that should I appear to be under the influence of drugs or alcohol or be caught in possession of drugs or alcohol, I will be immediately banned from any further activity and my parents will be contacted to pick me up. Also, police and/or emergency medical personnel may be contacted at the sole discretion of Grad Night Committee personnel. I understand that Grad Night requires an inspection of all students and their belongings upon arrival. Backpacks are not allowed.
5. I hereby RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE OR BRING ANY LEGAL ACTION AGAINST the Benicia Unified School District, Benicia High School, Benicia Grad Night, its organizers, parent volunteers, committee chairs, Grad Night Co-Chairs and their agents, officers, directors and employees for any and all injuries sustained or caused by me.
6. I also agree to defend, indemnify and hold harmless Benicia Unified School District, Benicia High School, Benicia Grad Night, its parent volunteers, committee chairs and Grad Night Co-Chairs and their agents, officers, and employees from any and all suits, claims, judgments, settlements, losses, costs (including attorney's fees), damages, expenses and liabilities of any nature (including statutory liability and liability under Workmen's Compensation or other similar laws) incurred by third parties in connection with any injury of any person or any property damage (including personal property) occurring on or about the premises or in route to, during or after Grad Night occasioned by me.
7. I hereby grant permission to Benicia Grad Night to use my photograph on its World Wide Web site or in other Benicia Grad Night printed publications without further consideration. I also understand that once my image is posted on Benicia Grad Night's website, the image can be downloaded by any computer user on or off campus.
8. Grad Night tickets are neither refundable nor transferable.
9. I have read and agree to follow the provisions of this contract.

Student Signature \_\_\_\_\_

Printed Student Name \_\_\_\_\_

Student Birthdate \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

Printed Parent/ Legal Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

**Parent/ Legal Guardian Agreement  
(Complete, Sign and Return this form)**

1. \_\_\_\_\_ (student’s name) has my permission to attend Benicia Grad Night 2023 and to remain on the premises until the conclusion of the event at approximately 1:30 am the following morning. I have reviewed the Student Behavior Agreement and Waiver of Liability with my student and have acknowledged my full agreement by my signature.
2. I understand Benicia Grad Night is a parent-sponsored event and is not under the jurisdiction, control, or supervision of Benicia High School or the Benicia Unified School District. I understand that it is the intention to make Grad Night a safe, sober celebration for my child. I am also aware that my child’s participation in this event and related recreational and/or entertainment activities involve some risk of injury and I FREELY ASSUME THOSE RISKS ON BEHALF OF MY CHILD.
3. I hereby RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE OR BRING ANY LEGAL ACTION AGAINST the Benicia Unified School District, Benicia High School, Benicia Grad Night, its organizers, parent volunteers, committee chairs, Grad Night Co-Chairs and their agents, officers and directors for any and all injuries caused by or resulting from any participation by my child in Grad Night whether or not such injury was caused by negligence.
4. I also agree to defend, indemnify and hold harmless Benicia Unified School District, Benicia High School, Benicia Grad Night, its parent volunteers, committee chairs and Grad Night Co-Chairs and their agents, officers, and employees from any and all suits, claims, judgments, settlements, losses, costs (including attorney’s fees), damages, expenses and liabilities of any nature (including statutory liability and liability under Workmen’s Compensation or other similar laws) incurred by third parties in connection with any injury of any person or any property damage (including personal property) occurring on or about the premises during Grad Night or any occurrence in route to, during or after Grad Night occasioned by any action of my student.
5. I assume full financial responsibility for any and all damages that may result to the premises, any other guest, the Grad Night Committee, from any actions on the part of my student.
6. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS BY SIGNING THIS WHETHER OR NOT MY CHILD HAS REACHED THE AGE OF 18 YEARS.

Parent/ Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

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

In case of emergency during the evening and early morning hours of Grad Night, I/we can be reached at the following phone numbers:

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

Phone \_\_\_\_\_

**Medical Authorization Form**

**(Complete, sign and return this form)**

Should my student need to have medical treatment while participating in Grad Night, I hereby give the Benicia Grad Night Committee personnel permission to use their judgment in obtaining medical services for my child. I give permission to the physician selected by the Benicia Grad Night Committee personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that any medical or hospital costs incurred for such treatment shall be my sole responsibility.

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**List any medical condition information** that would be helpful in an emergency, including known Drug Allergies and/or Medical Conditions (diabetes, asthma, injuries or surgeries, convulsive disorders, etc.)

All prescribed medicine must be in original container with child's name on the label. These medicines will be left at Medical First Aid Station and be available as needed by your child.

**List any prescription medications which you give permission for your student to receive:**

**Only asthma inhalers may be retained by the student during the event. Please initial if you authorize your Student to carry an inhaler.** \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_