

# Wilsonville High School - Grad Night 2020

## MEDICAL RELEASE FORM



**\*\*This form is required in order for students to attend Grad Night 2020\*\***

Name of Senior \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy Number \_\_\_\_\_

In case of emergency notify (please include at least one family member):

Primary Contact \_\_\_\_\_ Relationship to Senior \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Relationship to Senior \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Please list any health conditions we should be aware of and medications your senior will need to take during the grad night celebration: \_\_\_\_\_

**Please note: All medications will need to be turned into the committee medical point person prior to leaving Graduation for the Grad Night party. S/he will assist in managing the schedule for taking these medications.**

**Please note any SPECIAL DIETARY RESTRICTIONS** Vegetarian Vegan Gluten Free Dairy Free Other\*

\*If Other (Please describe): \_\_\_\_\_

**Questions? Contact [wvhsgradnight@gmail.com](mailto:wvhsgradnight@gmail.com) or Ericka Katz 971-235-3855/Andrea Lowery 503-481-6395**

### Release and Indemnity Agreement

I shall and do release, indemnify and hold harmless the owner, operator, entertainment agency, Portland Party Works, LLC, the venue where the event is being held, medical staff onsite and the Wilsonville High School Grad Night 2020 Committee Non-Profit Organization and all the committee members involved from any and all loss, damage, injury, expense, including costs and attorney fees relative to the entertainment attraction provided for the 2020 Graduation Celebration. Further, I hereby acknowledge that my participation in the aforementioned event is voluntary and that I have not been forced or coerced by any individual into entering said event. I further acknowledge and understand that could suffer injury, both minor and/or severe and that there are inherent risks involved in participating in said event attraction such as loss of eye(s), limbs, appendages, broken bones, cuts, abrasions, strains, heat stroke, hypothermia, and other types of injury associated with the entertainment activities provided, and that I may also suffer death as a result my participating in said event. I also acknowledged that there are safety requirements to participating in the event. Should I choose to ignore such warnings, I may be risking my safety and well being at my own discretion and financial cost. I acknowledge that I have not consumed any substance that may cause me not to understand the words and their meanings contained in this agreement. I, being of legal age, 18 years or older, have read and understand this agreement and by my signature agree to these terms and conditions. If under 18 years old, parent or legal guardian must also sign this statement.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_