

CANTON AFTER PROM PARTY WAIVER/PERMISSION- April 21, 2018

Student Name: _____ Grade: _____

Cell Phone: _____

Address: _____

Age: _____ T shirt size S M L XL XXL

****ALL attendees (including non CHS student guests) are required to have this signed form on file to attend After Prom. PLEASE RETURN THIS COMPLETED FORM & PAYMENT TO THE AFTER PROM COMMITTEE BY MARCH 23, 2018**

I, the undersigned parent or legal guardian of (print) _____, hereby grant permission for my student to participate in the After Prom Party for Canton High School juniors and seniors and their guests, which is scheduled for April 22, 2018 from 12:00 a.m. to 6:00 a.m. This event will be held at Canton High School. This event will include, but is not limited to, the following activities: Hypnotist, large inflatable games, raffle prizes, contests, karaoke, and great food. These activities include risks which include, but are not limited to, the risk of loss or damage to personal property and the risk of sickness, personal injury or death while participating in the Party.

In the event of injury, I do hereby consent to any emergency medical treatment rendered to my student under the supervision of professional health care providers. My student has the following health care insurance:

Company _____

ID # _____

**** I understand After Prom does not allow students to be admitted after MIDNIGHT / 12:00 a.m.**

****If a registered student does not arrive for the AP Party their parents will be notified.**

****Upon request, a student can be escorted to a car for security purposes.**

**** If a student needs to leave during the night their parents will be called to give permission. If parents are not reached the student will not be permitted to leave until the end of the event.**

****No outside beverages permitted .**

****I give permission for After Prom volunteers or the Canton Police Dept to search any tote bag, duffle bag, etc. that is in my student's possession upon entering the facility.**

I hereby release and hold harmless the After Prom Committee and Canton School District, and their officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in any aspect of the After Prom Party.

*******THIS SIGNED CONSENT FORM ALONG WITH \$25 IS YOUR STUDENT'S ADMISSION TO THE AFTER PROM PARTY. CHECKS PAYABLE TO CANTON AFTER PROM**

Parent Guardian Contact Information

(home) _____ (cell) _____

Email _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

My student Does _____ Does Not _____ have my permission to be hypnotized at the After Prom Party.

My student Does _____ Does Not _____ have my permission to be photographed at the party.

If you have any questions, please call Dallas Renli 360-5957 or Lisa Bentley 351-1534