

\_\_\_\_\_  
Last Name (please print)

**Mira Costa High School  
G.R.A.D. Nite 2008**

**Graduates Resisting Alcohol & Drugs Booster Club  
P.O. Box 1079 Manhattan Beach, CA 90267-1079  
Tax ID# 95-4786227**

**Consent/Release/Reservation Form**

A parent or guardian whose graduate is participating in GRAD Nite '08 must complete this form. Return it with your payment. **Your grad will not be allowed to board the bus for GRAD Nite without this form.**

*I hereby give permission for my son/daughter (print full name of graduate) \_\_\_\_\_ to participate in GRAD Nite '08 on June 19<sup>th</sup>, 2008. I understand all graduates will be transported by bus from Mira Costa High School to the GRAD Nite location at approximately 8:00 p.m.\* and will be transported back to Mira Costa High School at approximately 5:00 a.m.\* I understand that there will be a photographer at the event who will be taking digital pictures. Some activities at GRAD Nite may pose an element of risk as in any adventure, sport or activity associated with indoor or outdoor use of games and activities. I understand this and agree to hold harmless and indemnify the MCHS GRAD Nite Booster Club and the MCHS PTA, its board members and volunteers, Personal Touch Events, its vendors, and the Manhattan Beach Unified School District, its board members, employees, agents, and volunteers from any and all claims or liability resulting from or arising out of GRAD Nite '08. All graduates will follow the same Code of Conduct rules that are enforced during school activities. I understand that this is not a school-sponsored event.*

**I agree that the following parents/adults will be available in case of emergency from Thursday, June 19, 2008, 8:00 p.m. until Friday, June 20, 2008, 5:00 a.m.\* One alternate person must be available aside from the parent.** (Please print)

Name \_\_\_\_\_ Home or cell phone # \_\_\_\_\_

Name \_\_\_\_\_ Home or cell phone # \_\_\_\_\_

If I, or the persons listed above cannot be reached, medical care may be obtained from local emergency personnel.  
Yes \_\_\_\_\_ No \_\_\_\_\_

My son/daughter has my permission to have in his/her possession the following prescription medicine. I will obtain permission for my student to have this medicine from Mrs. Denise Anderson, Senior Educational Advisor, by June 13, 2008. This medicine will be turned in at the GRAD Nite info table when the student arrives to check in.  
\_\_\_\_\_ (list additional medication on back)

~~~~~  
**STUDENT:** *I understand and agree to the Policies and Provisions of my participation in GRAD Nite 2008. I agree not to carry onto the premises any liquid or material that will affect my behavior and/or will have an adverse effect on others' enjoyment of the evening. I understand that once I have checked in at GRAD Nite '08, I may not leave.*

**Student name (please print)** \_\_\_\_\_

**Student signature** \_\_\_\_\_

~~~~~  
**PARENT:** *I have carefully read all materials and agree to the terms and conditions of this Consent/Release form and the GRAD Nite 2008 Policies and Rules.*

**Parent/Guardian Signature** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Please return this form in the enclosed envelope for prompt processing. You may also return it at the ticket sale table during ticket sales or to the GRAD Nite mailbox in the MCHS office.**

**For Questions, please email us a [gradnite08@gmail.com](mailto:gradnite08@gmail.com) or see our website [mchsgradnite.com](http://mchsgradnite.com)**

\* Times are tentative and will be confirmed during ticket sales.