



Hartford Project Graduation

PO Box 4272 White River Junction, Vermont 05001-4272



“Permission & Release of Liability Form”

Student name: _____ Parent(s) name: _____

Emergency Contact Person: _____ Phone: _____
(during hrs of event)

Contribution of \$: _____ (thank you)

EVENT: Hartford Project Graduation

DATE: Fri June 18 into Sat June 19, 2010

TIME: Check-in: 10:15-10:50
(no one admitted after this time)

LOCATION: Hartford High School

Event: 11:00-4:00am

EACH GRADUATE (even if 18 yrs.) MUST RETURN THIS FORM SIGNED BY PARENT & STUDENT BY MAY 1, 2010

- I/We request that _____ be allowed to participate in the Class of 2010 Project Graduation “lock-in” celebration, which begins at 10:15PM at HHS on June 18, 2010 & concludes at 4:00AM on June 19, 2010. All graduates must arrive by 10:50PM. No one will be admitted after this time.
- I/We understand that my son/daughter MAY NOT participate in Project Graduation unless they are eligible to graduate.
- I/We understand that my son/daughter MAY NOT participate in Project Graduation unless this permission form is signed by both a parent/guardian and the student and returned by MAY 1, 2010.
- This event is alcohol, tobacco, and drug free. All Hartford High School substance use policies are in effect.
- I/We understand that if my son/daughter violates any rules set by Hartford Project Graduation or if they are apprehended with alcohol, tobacco or any illegal drug in their possession or found to be under the influence, a parent/guardian will be immediately notified to pick them up. Also understood is that I/We will be responsible for any expenses incurred and that the Hartford Police Dept. will be notified.
- I/We understand that our son/daughter MAY bring a bag/backpack with them and the administration and chaperones are not responsible for loss of personal items.
- I/We understand that ALL bags (including purses) and PERSONS will be searched prior to entering HHS.
- I/We are aware the Project Graduation celebration involves active participation which we recognize can be a risky and dangerous activity.
- I/We certify that my child does not have any medical conditions, physical limitations or other limitations that would affect my child’s ability to participate in Project Graduation.
- I/We release any and all claims against the Hartford School District, Hartford Project Graduation Committee and Parent volunteers for damages and/or injuries to me or my child which may arise from participation in this activity and agree to indemnify and hold these entities harmless from and against any claim or claims brought by or on behalf of our child or by or on behalf of any person arising out of or in any way connected with my child’s participation in this activity.

Student signature: _____ Parent signature: _____

Date: _____