

**Informed Consent and Acknowledgement of Risk  
James Madison High School PTSA All Night Graduation Celebration  
Friday, June 18, 2010, 11:00 p.m. – Saturday, June 19, 2010, 5:00 a.m.**

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

**IN CONSIDERATION** of the right to attend and participate in the JMHS PTSA All Night Graduation Celebration, the parent/guardian of the above-identified student hereby:

1. authorizes and gives the student permission to participate in the event;
2. understands that the event will include most of the following:  
Casino Table Games, Dance Revolution, Massage, Mechanical Bull, Karaoke, Money Machines, Pool Table, Television, Caricature pictures, Face Painting, removable tattoos and many other similar activities. Food and beverages including pizza, Coke products, subs, fruit and vegetable trays, breakfast food and food from Outback Steakhouse and the Vienna Inn will be served. By consenting to have the above named student participate in this event you are consenting to allow the student to participate in all available activities scheduled and available at this event, and to eat and drink the food and beverages available at the event. Should the student have any physical limitation, food or other allergies, you acknowledge and warrant that the student knows and understands his/her own medical condition(s) and allergies and shall be personally responsible for engaging only in the activities and eating and drinking only food and beverages, which do not endanger the student. **You understand and acknowledge that the PTSA, its All Night Graduation Celebration Committee and volunteers shall not be responsible for the activities undertaken and/or food and beverages consumed by individual students, even if the PTSA, its All Night Graduation Celebration Committee and volunteers have been informed of the student’s medical condition(s) and/or allergies.**
3. acknowledges that there is an element of risk when participating in this event which involves activities that may require physical agility, stamina and coordination and at which food and beverages are served. You understand and acknowledge that because the event is taking place overnight, it may involve additional risks because the student may be less alert than during a similar event held during the daytime. You certify that the participant is physically, mentally, and emotionally capable of attending and participating in the activities. You agree to assume all risk of and financial responsibility for any loss or injury to the participant as a result of his/her participation in this event, including without limitation loss or injury to others that may occur as a result of the participant’s negligence or misconduct. You further agree to indemnify and hold the James Madison High School PTSA, the All Night Graduation Celebration Committee and volunteers harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys’ fees incurred or suffered by the PTSA, the All Night Graduation Committee and/or its volunteers as a result of, or arising out of, the student’s participation in the event of his/her negligence or misconduct; and
4. authorizes PTSA, its All Night Graduation Committee and/or volunteers to obtain or authorize any reasonable incidental and/or emergency medical treatment for the participant in the event the participant’s parent(s)/guardian(s) are not readily located and participant becomes ill, injured or incapacitated; parent(s)/guardian(s) hereby accept the responsibility to pay for such treatment.

**This Informed Consent and Acknowledgement of Risk** may not be amended, supplemented or abrogated without the written consent of the PTSA or the PTSA All Night Graduation Celebration Committee.

***The parents(s)/guardian(s) signing below on behalf of participant acknowledge that they have read this consent and understand its contents.***

\_\_\_\_\_  
**PRINTED NAME PARENT/GUARDIAN**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME OF STUDENT**

\_\_\_\_\_  
**SIGNATURE OF STUDENT**

\_\_\_\_\_  
**DATE**

***ATTENTION: Parent/Guardian please enter how you may be best contacted during the event from Friday, June 18, 2010 at 11:00 p.m. until Saturday, June 19, 2010 at 5:00 a.m.:***

\_\_\_\_\_  
**HOME PHONE**

\_\_\_\_\_  
**CELL PHONE/BEEPER/PAGER NUMBER (S)**