



Wharton High School
PROJECT GRADUATION
 Friday, June 4th
 10:30 pm to 5 am

PERMISSION, RELEASE & CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent/guardian of (*print student's name*) _____,
 (circle one) GRADUATING SENIOR or GUEST OF SENIOR _____,
 I hereby give permission for my son/daughter to attend *Project Graduation*.

I understand that this event will be held at the Wharton Civic Center after the Wharton High School commencement ceremony and **only graduating seniors will be allowed entry into Project Graduation**. The doors will open for check-in at 10:30 p.m. and will lock at 12 midnight with **no entry after 11:30 p.m.** The doors will open again after breakfast is served between 4 to 5 a.m. when seniors will leave upon gift distribution.

My child will hand in his/her keys and cell phone upon check-in. If my child fails to arrive at *Project Graduation*, the sponsors will attempt to notify me of his/her absence. No child will be allowed to leave prior to the end of *Project Graduation*, unless for emergency or medical emergency, upon which the sponsors will attempt to contact me. My child and I understand that if he/she leaves the event early, they will not be eligible to receive any prizes awarded.

As the parent/guardian, I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE HARMLESS the Wharton Independent School District, Board of Trustees, and employees, owners of the premises, and Doc's Party Rentals, along with the parent and community sponsors of Project Graduation (each considered one of the Releasees herein), from all liability, claims, demands, losses or damages on my child's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise; and further agree that if, despite this release, I, my child, or anyone on my child's behalf, makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney's fees, loss liability, damage or costs any may incur as the result of any such claim.

As the parent/guardian, I give consent for my child to receive emergency medical treatment should the need arise. Please be advised that the Wharton Independent School District, Board of Trustees, and employees, along with the parent and community sponsors of Project Graduation, will not be responsible for medical expenses.

As the parent/guardian, I understand that my child will be allowed to bring one guest (of high school age and not older than 20 years). **This guest must be registered prior to Project Graduation night and under no circumstances will an unregistered guest be admitted that night.** Also, **only registered** parents volunteering as scheduled to work will be admitted into the event that night.

I understand that it is my child's responsibility to turn in his/her permission form, the permission form of his/her guest, and the \$10 guest fee no later than 3:45 p.m. on Friday, May 21st.

Signature of Parent/Guardian _____
Date

Signature of Senior/Guest _____
Date

Parent/Guardian Home Phone _____
Parent/Guardian Cell Phone _____
Secondary Emergency Contact Number

GRADUATE T-SHIRT SIZE: S M L XL XXL **NO DRUGS OR ALCOHOL ALLOWED**
Anyone found with any will be asked to leave and parents/guardians notified.