

**MASCONOMET CLASS OF 2013
ALL-NIGHT GRADUATION PARTY**
Sponsored by the Tri-Town Council

AUTHORIZATION & WAIVER FORM

The undersigned parent(s) or legal guardian(s) of the minor child or child over 18 years of age named below states as follows:

I am aware that normal and usual entertainment, athletic, and sports-related activities have certain inherent risks and may cause injury to participants. However, I want myself or my child to participate in Tri-Town Council's All-Night Graduation Party including, without limitation, carnival type activities such as air games, use of a gymnasium, a water cruise, dancing, and general entertainment and athletic activities at locations determined by the All-Night Graduation Party Committee and the Tri-Town Council, and I give my unqualified permission and consent for myself or my child to participate in the activities, subject only to any specific limitations noted below. I or my child has the necessary skills and is able to participate in all reasonably anticipated aspects of the activities and has no limiting health conditions except as noted below.

I, for myself, or on behalf of my child, and/or my child over 18 years of age hereby indemnify, release, hold harmless, and forever discharge the Tri-Town Council, the All-Night Graduation Party Committee, Masconomet Regional School District and its agents, employees, officers, directors, affiliates, successors, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities, or every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my or my child's participation in any activities conducted by, on the premises of, or for the benefit of, the All-Night Graduation Party Committee, the Tri-Town Council, and the Masconomet Regional School District; provided, that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct.

This Authorization & Waiver is binding upon me, and my minor child, and/or child over 18 years of age our heirs, executors, legal representatives, successors, and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, the All-Night Graduation Party Committee, the Tri-Town Council, and the Masconomet Regional School District whether by agreement, by operation of law, or otherwise.

This Authorization & Waiver is governed by the laws of the Commonwealth of Massachusetts and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Authorization & Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective.

This Authorization & Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Authorization & Waiver. The provisions of this Authorization & Waiver may be waived, altered, amended, or repealed, in whole or in part, only upon the prior written consent of all parties.

Any Claim or controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it, and that cannot be settled by the parties, will be settled by submission to the chapter of the American Arbitration Association or similar group nearest to Topsfield, Massachusetts in accordance with its current rules and procedures.

In the event I am unable to authorize medical decisions for myself or I cannot be reached on behalf of my child, I authorize and direct any adult activities sponsor, chaperone, or group leader representing the All-Night Graduation Party Committee or the Tri-Town Council to make emergency medical decisions for myself or my child.

(Continued on next page)

Medical conditions: I, for myself, or on behalf of my child am subject to the following allergies or medical conditions, which could in any way affect my child's participation in any activity related to this event, and I authorize the All-Night Graduation Party committee, chaperones, and representatives of the Tri-Town Council to disclose such allergies or medical conditions to a physician in the event I or my child should require emergency medical care (describe allergies or medical conditions with specificity):

Please Circle: I grant / do not grant - permission for my child to receive aspirin or Tylenol upon request during the party.

For the protection of everyone who attends the ALL-NIGHT GRADUATION party, we require you to read and sign below, which is necessary for admission to the party.

- I. I understand that the purpose of the ALL-NIGHT GRADUATION PARTY is to celebrate a great achievement in a fun, responsible and safe manner.
- II. I understand that by attending the ALL-NIGHT GRADUATION PARTY, I have agreed to remain at the party until the end (anticipated return to Masconomet High School is approximately 6:30AM), unless my parents/guardian picks me up earlier. **No cars will be allowed to park at Masconomet overnight!**
- III. I agree that I will not arrive at the ALL-NIGHT GRADUATION PARTY under the influence of any illicit substance or bring or use any alcohol or other drug, including tobacco products, during the duration of the party.
- IV. I understand that student bags and other personal effects will be searched for illegal substances before the party. Graduates may also be subject to same gender pat down searches as alcohol and other drugs have been brought to the party in pockets, in cigarette packages and taped to extremities. Any intoxicating or illegal substances including tobacco products will be confiscated by police officers or chaperones. Offenders will be subject to legal consequences and not allowed to attend the party.
- V. I understand that ample food and beverages will be provided at the party and I agree not to bring beverages or containers of any kind unless special circumstances apply and have been made known to Tri-Town Council.
- VI. I recognize the danger of driving without sleep; therefore, I agree not to drive a vehicle after the party until I am fully rested. I agree to be picked-up after the party by my parent or guardian.
- VII. I understand that if I violate this agreement, my parent or guardian may be asked to pick me up from the party at any time during the night.

Cancellation Policy: Tri-Town Council has your child's safety in mind. If we are forced to cancel this event due to weather conditions, natural disasters, or acts of terror or for any unforeseen situation beyond our control, we may be able to return a portion of your payment but it is unlikely we will be able to return your full payment. We purchase food, entertainment, and rent non-refundable facilities based on advance registrations. In the event of cancellation due to unforeseeable circumstances, we will make every attempt to reschedule the event. If you cancel after May 31, 2013, you will not receive a refund.

I understand the terms of this Authorization & Waiver and I have willingly signed it as my own free act. Please note that both student and parent or guardian must sign, even if the student is 18 years or older.

Student Name: _____ **Age:** _____

Student Signature: _____ **Date:** _____

Parent Name: _____

Parent Signature: _____ **Date:** _____

Parent Telephone Number (in case of an emergency where a parent can be reached on the night of the party)
Home _____ **Cell** _____ **Other** _____

Parent Email (Please print clearly): _____