

# NKHS Senior Grad Night Party 2020

Seniors!!!

Are you ready for graduation night and the party we have planned for you? Amazing parents have been working all year to make this event fun and memorable... although it is a secret for you, trust us that you will have a great time! Here are the details!

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TICKETS ARE LIMITED!!! Don't delay and buy your ticket early to reserve your spot!

**TICKETS BOUGHT in JANUARY AND FEBRUARY \$80.00**

Tickets bought afterwards in March: \$100.00

Make checks payable to NKHS PTSA – Grad Night or exact cash

In order to purchase tickets, all 4 FORMS need to be COMPLETELY FILLED OUT AND SIGNED!

- 1) Party Expectations and North Kitsap Disclaimer signed with T-shirt size indicated
- 2) Graduation Party Agreement – **front and back signed!**

Forms and payment can be turned in on THURSDAYS ONLY starting on 1/23/20 at the NKHS Student Store during lunch times 10:55 – 12:25pm. There will be a Grad Night representative there for you.

We are so grateful to the following business who have helped to sponsor this fun-filled, safe and sober evening. Thanks to their generous donations, we were able to greatly reduce the cost of your ticket. Please thank them!

## Platinum Sponsors (\$1000)

Kimmel & Young Real Estate  
Suquamish Tribe  
Port Madison Enterprises  
Cascade Specialty Pharmacy

## Gold Sponsors (\$500)

Kitsap Credit Union  
Northern Equipment Rentals  
Dr. Dan Peck, Poulsbo Dental  
Grundens

## Silver Sponsors (\$250)

Liberty Ridge Apartments  
EHL Insurance  
Greens on Your Way  
Peninsula Elec. Corp.  
His Hands Lawn Care  
TNC Flips

Once your paperwork is complete, and you have paid, you will not receive a physical ticket. Along with a receipt, you will receive a confirmation email and a follow up letter closer to graduation.

Scholarships are available, both full and partial, if needed. Please contact Audrey Milano at [audimilano@comcast.net](mailto:audimilano@comcast.net) for more information.

Please circle one of the following for your grad night shirt:

T-Shirt Size: Unisex:      S      M      L      XL      XXL

PARTY EXPECTATIONS:

By signing below, both you and your guardian acknowledge the following:

- 1) Once your ticket is purchased, there are no refunds. Your ticket is also non-transferable.
- 2) You must be in good standing, graduated, with no fines or recent suspensions at the time of the party. This is decided by NKHS administration.
- 3) Proper and respectful behavior is expected in all areas of the event, both at the venues themselves, as well as during transportation. Misconduct will require a guardian to collect the graduate immediately from the location designated.

Please print clearly!

Senior Name \_\_\_\_\_ Senior Signature \_\_\_\_\_

Guardian Name \_\_\_\_\_ Guardian Signature \_\_\_\_\_

Guardian Email \_\_\_\_\_ Date: \_\_\_\_\_

NKSD Disclaimer:

With regard to the NKHS Senior Graduation Night Party, the undersigned hereby acknowledges that “the North Kitsap School District does not sponsor this event and assumes no responsibility for it. In consideration of the opportunity to distribute materials, North Kitsap School District shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney’s fees and judgements or awards.”

Senior Name \_\_\_\_\_ Senior Signature \_\_\_\_\_

Guardian Name \_\_\_\_\_ Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

# 2020 SENIOR CLASS GRADUATION PARTY AGREEMENT

## RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION

North Kitsap High School

(FILL IN FULL SCHOOL NAME)

**Please fill in the school name above, complete the Contact Information section below, and sign at the bottom of the 2<sup>nd</sup> page after reading.**

Your senior has asked to attend our drug-and alcohol-free graduation event (the "Graduation Event" or "Event"). The purpose of the Graduation Event is to provide a fun, memorable experience that celebrates the seniors' hard work. The Parent Planning Committee is committed to keeping it safe, drug- and alcohol-free, and to ensure that the conduct of all seniors is in keeping with this goal. As a condition of participation and in consideration of the services provided by the parents on the Parent Planning Committee; the Howard Group, Inc., d/b/a *Grad Nights*, and its officers, owners, employees, agents, contractors, entertainers, and volunteers; and all other persons or entities acting in any capacity with respect to the event, including the venues who host and provide services at the graduation event (hereinafter collectively referred to as the "Graduation Party Producers"), **the senior and parent/guardian agree as follows:**

**RULES AND PROHIBITED ITEMS SEARCH:** All seniors and their personal belongings will be searched prior to their gaining entry to this event. Senior and parent/guardian will abide by the rules and directions established by the Graduation Party Producers. Any senior who is engaging in prohibited or undesirable behavior may be removed from the event, at the sole discretion of the Graduation Party Producers, whereupon the parent/guardian will be contacted and must pick up their senior from the graduation event location. No refunds will be granted.

**SENIOR'S DAMAGE TO PROPERTY:** The senior and their parent/guardian will pay the full replacement cost for any and all losses or damage to any property that are directly or indirectly caused by the senior while participating in the Graduation Event.

**AUTHORIZATION FOR MEDICAL CARE:** In case of emergency, the senior and the parent/guardian of the senior named below authorize all medical, surgical, diagnostic, and hospital procedures as may be deemed necessary and performed by a treating health care provider.

**USE OF LIKENESS:** Senior and parent/guardian give full consent to *Grad Nights* to make and use photographs, videos, or likeness of any senior attending this event for the purpose of advertising, publicizing, promoting, etc.

## \* CONTACT INFORMATION \*

Senior Name: _____	Date of Birth: _____
Senior Cell Phone: _____	Senior Email: _____
Address: _____	
Parent/Guardian Name(s): _____	
Parent/Guardian Phone(s): _____	
Parent/Guardian Email: _____	
Emergency Contact Name: _____	
Relationship to Student: _____	Phone Number(s) _____
<b>Does Senior have a life-threatening allergy or condition?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES – You will also need to complete, at a later date, an Emergency Care Plan ("ECP"). The Parent Planning Committee will have ECPs available.	

Due to the types of venues where events are held, custom meals for special dietary needs cannot be guaranteed available, or that there are no cross-contamination issues in the commercial kitchens. If you have any special dietary needs, you will be responsible for providing your own food – please notify the party chairperson of your special needs and that you will provide your own meal.

**\* The signature page (next page) must be attached or printed on the back side of this form. \***

This form is the property of Grad Nights and must be returned to Grad Nights the night of the party. All information contained herein is strictly confidential, protected by copyright and intended for use only by the 2020 committee. Use of this form, or any part or derivation by any committee, group or individual not currently working with Grad Nights is strictly prohibited.  
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### Important Additional Provisions

- 1. ACTIVITIES AND ASSOCIATED RISKS:** The Graduation Event may include a variety of entertainment, recreational, athletic and sporting activities including activities using equipment provided by Graduation Party Producers including but not limited to swimming pools, skating rinks, bowling centers, segways, bumper cars, go-karts, hypnotists, factor of fear shows, disc jockeys (possibly with lights which can have a strobe-like effect, as well as non-toxic fog machines), sumo wrestling, bungee runs, obstacle courses, pounce and bounces, velcro walls, climbing walls, henna, bungee/mechanical bull, joust, slide, zip line, and other inflatables, and such activities and equipment are collectively referred to as "Recreational Entertainment and Equipment". Senior and parent/guardian acknowledge that participation in and use of Recreational Entertainment and Equipment involve known, unknown, inherent and unanticipated risks, which could result in serious physical or emotional injury, falls, muscle strains, broken bones and other potential injuries. These risks include, but are not limited to, senior's failure or failure of other participants to follow the safety guidelines or instructions of Graduation Party Producer's personnel; improper use of equipment; inadequate repair or maintenance of Graduation Party Producer's facilities and equipment; manufacturing or other defects, both apparent and latent, in the equipment supplied or used by Graduation Party Producers; senior's or other participants' attempts to exceed their skills and/or act in a reckless manner; senior's physical condition; improper first-aid, emergency treatment or other attempted rescue services; the unavailability of medical services or immediate medical attention in the case of injury; and acts or omissions of Graduation Party Producers, including insufficient instruction or assistance.
- 2. ASSUMPTION OF RISKS:** Senior and parent/guardian expressly and freely accept and assume all of the risks relating to their participation in the Graduation Event including but not limited to participation in and use of Recreational Entertainment and Equipment. Senior and parent/guardian agree that senior's participation in the Graduation Event and participation in and use of any Recreational Entertainment and Equipment is purely voluntary, and that any participation is done in spite of the risks.
- 3. RELEASE OF LIABILITY/INDEMNIFICATION:** Senior and parent/guardian each hereby release and covenant not to sue each of the Graduation Party Producers, their owners, employees, agents, and any related affiliate and/or subsidiary entities (collectively "Released Parties") from any and all claims, damages and liabilities of any nature arising out of the Graduation Event, including, without limitation, personal injury, property damage, and claims of negligence based on acts or omissions of Released Parties, but not including gross negligence or intentional misconduct or other liabilities not releasable by law. Senior and parent/guardian each further agree to indemnify, defend and hold harmless Released Parties against any claims released in Section 3, against senior and parent/guardian's acts or omissions, and against any other claim or damage arising from senior's participation in the Graduation Event, including, without limitation, personal injury and property damage, and attorney's fees and costs incurred to defend against indemnified claims.
- 4. LIFE-THREATENING CONDITIONS:** Senior and parent/guardian agree to abide by the *Grad Nights* life threatening food allergy policy and will provide an Emergency Care Plan if senior has a life threatening condition or allergy. Additionally, senior and parent/guardian agree and acknowledge that the Release of Liability and Indemnification provisions of this Agreement include claims and damages arising out of senior's consuming or handling of the food provided during the Graduation Event.
- 5. SEVERABILITY/ATTORNEYS FEES AND COSTS/APPLICABLE LAW:** Should Graduation Party Producers or anyone acting on their behalf incur attorneys' fees and costs to enforce this Agreement, senior and parent/guardian further agree the prevailing party shall be entitled to recovery of any such fees and costs. In the event that any portion of this Agreement is deemed invalid or unenforceable, all other portions of this Agreement shall remain in full force and effect to the maximum extent allowed by law. This Agreement is governed by the laws of the State of Washington.
- 6. OTHER:** Senior and parent/guardian certify that senior has insurance to cover injury or damage senior may cause or suffer while participating in the Graduation Event, and further agree that senior and parent/guardian will bear any uninsured costs of such injury or damage themselves. Senior and parent/guardian further agree and warrant that senior has no medical or physical conditions which could interfere with senior's safe participation in the Graduation Event including participation in and use of any Recreational Entertainment and Equipment and that senior will not engage in any activity which is inappropriate for senior given any medical, physical or emotional condition of senior. In the event such conditions exist, senior and parent/guardian agree the risk of senior's participation in the Graduation Event and participation in and use of Recreational Entertainment and Equipment with such condition is included in their assumption of risk under this Agreement and any damages and claims arising from participation with such a condition are included within their commitments to release, indemnify, defend and hold harmless under this Agreement.

#### Parents & Seniors to Sign at Any Time:

By signing this Agreement Senior and parent/guardian are affirming that Senior and parent/guardian have had sufficient opportunity to thoroughly read both sides of this document, and that they fully understand and agree to the terms set forth therein.

\_\_\_\_\_  
Senior's Signature

\_\_\_\_\_  
Senior's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Date

#### Seniors to Sign the Night of the Party:

In the event that the senior has attained the age of majority (eighteen years of age), between the time that this document is initially signed and the date of the graduation party, senior hereby reaffirms senior's agreement to the terms of this agreement by re-reading, signing and dating the line entitled "Adult Senior's Signature Reaffirming Agreement".

\_\_\_\_\_  
Adult Senior's Signature Reaffirming Agreement

\_\_\_\_\_  
Date

## 2020 Life-Threatening Condition Emergency Care Plan (ECP)

Student Information			
Senior Name:		Emergency Contact 1 (Full Name & Phone #):	
School:		Emergency Contact 2 (Full Name & Phone #):	
DOB:	Night-of-Event Bus: <i>Onsite help to enter day of event</i>		
<p>Authorization for Use or Disclosure of Protected Health Information Required by the Health Insurance Portability and Accountability Act, 45 C.F.R.</p> <p>I, _____, hereby authorize employees of the school listed on this form and their volunteers, Grad Nights Staff and their volunteers, and any relevant Healthcare Providers to disclose and release my child's protected health information provided on this form. This release is only valid in the event of medical need or emergency from date of signature through July 1<sup>st</sup>, 2020. I agree to notify the Planning Committee of any changes to the information on this form between now and the date of graduation.</p>			
Signature of the Individual Giving this Authorization		Date	
Please list all life-threatening conditions: <input type="checkbox"/> Allergy (Please specify): _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Cardiac Issues <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Please specify): _____		Will the senior be bringing any of the following onsite? <input type="checkbox"/> Allergy Medication (Please specify): _____ <input type="checkbox"/> Epi Pen ( __ .3mg) ( __ .15mg) <input type="checkbox"/> Inhaler <input type="checkbox"/> Insulin / Glucose Monitor <input type="checkbox"/> Other Medications (Please specify): _____	
		Who will carry? (Senior or Chaperone)	
Will the senior be bringing separate food to the event? <input type="checkbox"/> YES <input type="checkbox"/> NO (Allergy) Senior to should avoid contact with these allergens: (Asthma) Senior to avoid contact with these Asthma triggers: (Seizures) Senior to avoid contact with these seizure triggers: Please list side effects of any carried medication:			
In the spaces below, please detail your Action Plan for each applicable life-threatening condition. Make sure to include who to contact and their contact details, if applicable.			
Immediate Response Plan			
Applicable life-threatening condition(s): _____ Detail here:			
Please use the back of this sheet for additional space if needed		More details on the other side? <input type="checkbox"/> Yes	

## 2020 Life-Threatening Condition Emergency Care Plan (ECP)