

- Poly Student
- PAAL Student
- Other

Receipt # _____

Cash or Ck # _____ Amt \$ _____

**POLY/PAAL GRAD NIGHT 2014
GUEST & PARENT/GUARDIAN CONSENT FORM**

GUEST AGREEMENT

I understand that Grad Night is a drug and alcohol free graduation party, which will be held on June 12, 2014 at Magic Mountain in Valencia. I understand and agree to being transported by bus from Long Beach Polytechnic High School in Long Beach directly to Magic Mountain and also from Magic Mountain back to Long Beach Polytechnic High School the following morning, and that it is my responsibility to find a ride home from the return trip. I understand and agree to the policies and provisions of my participation in the Grad Night Party of Long Beach Polytechnic/PAAL High School ("Grad Night"). I agree not to carry on the bus or into the Grad Night party premises any materials, drugs or liquids that will affect my behavior and/or will affect the behavior of others. **It is also understood and agreed that any such violation of this policy may result in my being turned over to the appropriate authorities, including the Los Angeles County Sheriff's Department.**

I understand and agree to act as a responsible individual and in an acceptable manner, at all times, while a guest of Grad Night. If at any time, my actions become unacceptable to other guests, the management of Magic Mountain ("MM Management") and/or members of the Grad Night Committee ("Committee"), MM Management and/or the Committee reserve the right to evict me from the property. It is also understood and agreed that if I am evicted from the premises, MM Management and/or the Committee, are not responsible for providing or assisting in arrangements for my alternate transportation home.

Additionally, I understand and agree that the Committee is in no way responsible for me or any subsequent actions on my part should I leave the premises without their knowledge and/or permission.

I assume full financial responsibility for any and all damages to the bus, the premises, any other guest, and MM Management and/or the Committee that may result from any irresponsible actions on my part.

I agree to all of the above provisions of this contract and am looking forward to a safe, fun-filled and memorable celebration.

Guest's Last Name/First Name - Print Clearly

Student's Last Name/First Name - Print Clearly

Guest's Signature

Parent of Student's Name/Signature

Guest's 9-digit ID# or drivers license

Student's 9-digit ID#

COPY OF ID MUST BE ATTACHED

GUEST PLEASE NOTE

ALL THREE PARTS OF THIS FORM - GUEST AGREEMENT, PARENT/GUARDIAN AGREEMENT & MEDICAL AUTHORIZATION - MUST BE COMPLETELY FILLED IN AND SIGNED (even if you are 18 years of age or older) AND TURNED IN AT THE TIME OF THE TICKET PURCHASE. NO REFUNDS.

PARENT/GUARDIAN PLEASE NOTE

PLEASE READ, SIGN AND DATE THE PARENT/GUARDIAN AGREEMENT AND MEDICAL AUTHORIZATION PART OF THIS FORM. GUEST MUST BE A POLY STUDENT. NO REFUNDS.

GUEST PARENT/GUARDIAN AGREEMENT

I understand that Grad Night is a drug and alcohol free graduation party, which will be held on June 12, 2014 at Magic Mountain in Valencia. I understand and agree to my child being transported by bus from Long Beach Polytechnic High School in Long Beach to Magic Mountain and also from Magic Mountain back to Long Beach Polytechnic High School the following morning, and that I am responsible for my child finding a ride home from the return trip. I understand and agree to the policies and provisions of my child's participation in the Grad Night Party of Long Beach Polytechnic/PAAL High School ("Grad Night"). I agree my child will not carry on the bus or into the Grad Night party premises any materials, drugs or liquids that will affect his/her behavior and/or will affect the behavior of others. **I also understand and agree that any such violation of this policy may result in his/her being turned over to the appropriate authorities, including the Los Angeles County Sheriff's Department.**

I understand and agree that my child will act as a responsible individual and in an acceptable manner, at all times, while a guest of Grad Night. If at any time, my child's actions become unacceptable to other guests, the management of Magic Mountain ("MM Management") and/or the members of the Grad Night Committee ("Committee"), MM Management and/or the Committee reserves the right to evict my child from the property. It is also understood and agreed that if my child is evicted from the premises, MM Management and/or the Committee are not responsible for providing or assisting in arrangements for my child's alternate transportation home.

Additionally, I understand and agree that the Committee is in no way responsible for my child or his/her subsequent actions should he/she leave the premises without their knowledge and/or permission.

I assume full financial responsibility for any and all damages to the bus, the premises, any other guest, and MM Management and/or the Committee that may result from any irresponsible actions on the part of my child.

I release, waive, discharge and relinquish any action or causes of action against LBUSD, Polytechnic/PAAL High School, Polytechnic /PAAL Grad Night, its officers, agents and volunteers that may hereafter arise as a result of my child's participation in this event, whether the same shall arise by the negligence of any such persons or entities or otherwise.

I understand that the ticket is not-transferable. A twenty dollar (\$20) fee will be charged for any refund. A refund will only be granted upon authorization of the Grad Night Committee Chairperson after personal contact with the student's parent or guardian. **No refunds will be provided after May 2, 2014.** I hereby give permission for the above named child to participate in the Polytechnic /PAAL Grad Night celebration at Magic Mountain in Valencia.

Last Name/First Name - Print Clearly
of Guest's Parent or Guardian

Guest's Parent or Guardian Signature

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Date ____/____/____

Guest's Parent or Guardian Daytime Phone #

GUEST MEDICAL AUTHORIZATION

Should my child need to have medical treatment while participating in this activity, I hereby give the Polytechnic /PAAL Grad Night Committee personnel permission to use their judgment in obtaining medical services for my child. I give permission to the physician selected by the Polytechnic /PAAL Grad Night Committee personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that any medical or hospital costs incurred for such treatment shall be my sole responsibility.

Guest's Parent or Guardian Signature

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Home Phone Number

Guest's Emergency Contact Name - Print Clearly

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Emergency Contact Phone Number