

**PLEASE RETURN THIS COMPLETED FORM TO THE MAIN OFFICE BY THURSDAY, APRIL 16<sup>TH</sup> AT 3:00 P.M. NO EXCEPTIONS.**

**DCHS Student After Prom Waiver**

Jr./Sr. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

- ❖ **DCHS Juniors and Seniors are NOT considered guests.  
NON-DCHS students are considered guests  
DCHS Sophomores and Freshman are considered guests.**
- ❖ **Each DCHS student and each guest (even if they attend a different school) MUST have a signed waiver.**
- ❖ **PLEASE RETURN THIS COMPLETED FORM TO THE MAIN OFFICE BY THURSDAY, APRIL 16<sup>TH</sup> AT 3:00 P.M. NO EXCEPTIONS!**

I, the undersigned parent or legal guardian of \_\_\_\_\_, hereby grant permission for my student to participate in the After Prom Party for DCHS juniors and seniors and their guests, which is scheduled for APRIL 18<sup>th</sup>/19<sup>th</sup> from 11:00 p.m. to 3:00 a.m. This event will be held at Douglas County High School. This event will include, but is not limited to, the following activities: large inflatable games, temporary tattoos, prizes, contests, casino games, and great food. These activities include risks, which include, but are not limited to: the risk of loss or damage to personal property and the risk of sickness, personal injury or death while participating in the Party. In the event of injury, I do hereby consent to any emergency medical treatment rendered to my student under the supervision of professional health care providers. My student has the following allergies (please list all):  
  
\_\_\_\_\_

**\*\* I understand DCHS does not allow students to be admitted after 1 a.m.**

**\*\*DCHS is allowing students to leave prior to 3 a.m. ONLY WITH PARENT APPROVAL (initial box below).**

- ❖ If a student leaves the facility and is not escorted by an After Prom Representative, that student will not be allowed to return.
- ❖ I understand that District personnel or authorized volunteers can search any tote bag, duffle bag, etc. that is in my student's possession upon entering the facility or anytime during the event.

I hereby release and hold harmless the District, its director, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in any aspect of the After Prom Party.

**Parent/Guardian Contact Information:**

(home) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**INITIAL THE BOX IF YOU GIVE PERMISSION FOR YOUR CHILD TO LEAVE PRIOR TO 3 A.M**

Student Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have any questions, please contact Pam Rafter through e-mail: [Pam.Rafter@dcsdk12.org](mailto:Pam.Rafter@dcsdk12.org)

**YOU ARE A GUEST IF:**

- 1. **YOU ARE A DCHS FRESHMAN OR SOPHOMORE**
- 2. **YOU ARE A NON – DCHS HIGH SCHOOL STUDENT**

**DCHS GUEST After Prom Waiver**

Guest's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ School Phone #: \_\_\_\_\_

- ❖ ALL guests are required to have this signed form on file to attend After Prom. Deadline is Thursday, April 16<sup>th</sup> at 3:00 pm. **NO EXCEPTIONS**
- ❖ **PLEASE RETURN THIS COMPLETED FORM TO THE NORTH MAIN OFFICE BY 3:00 pm on April 16<sup>th</sup>.**

I, the undersigned parent or legal guardian of \_\_\_\_\_, hereby grant permission for my student to participate as a guest at the After Prom Party scheduled for APRIL 18<sup>th</sup>/19<sup>th</sup> from 11:00 p.m. to 3:00 a.m. This event will be held at Douglas County High School. This event will include, but is not limited to, the following activities: large inflatable games, temporary tattoos, prizes, contests, casino games, and great food. These activities include risks, which include, but are not limited to: the rise of loss or damage to personal property and the risk of sickness, personal injury or death while participating in the Party. In the event of injury, I do hereby consent to any emergency medical treatment rendered to my student under the supervision of professional health care providers. My student has the following allergies (please list all):  
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**Parent/Guardian Contact Information:**

(home) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**INITIAL THE BOX IF YOU GIVE PERMISSION FOR YOUR CHILD TO LEAVE PRIOR TO 3 A.M**

Student Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you have any questions, please contact Pam Rafter through e-mail: Pam.Rafter@dcsdk12.org**