

Student Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

**NORTH CENTRAL HIGH SCHOOL SENIOR ALL NIGHTER 2024**

**PERMISSION TO ATTEND / HOLD HARMLESS AGREEMENT**

The 2024 NC Senior-All-Nighter Committee is hosting a drug- and alcohol-free, all night party. The event is designed to provide a fun, memorable experience celebrating the culmination of the seniors' hard work and scholastic success.

The event will take place at **YMCA North-10727 N. Newport HWY – Spokane 99218** and there will be no transportation provided.

In consideration of the services provided by those on the NC Senior-All-Nighter Committee, YMCA, and officers, owners, employees, agents, contractors, entertainers, volunteers and all other persons or entities acting in any capacity on its behalf including the venues who host and provide services at the graduation event (herein collectively referred to as the 'NC Senior-All-Nighter Committee'), the senior and their parent/guardian agrees to the following:

1. **Participation:** We agree that the senior has permission to attend the NC Senior-All-Nighter. We agree that the senior will arrive at the party drug and alcohol-free and will remain as such throughout the duration of the event. The senior and their personal belongings may be searched prior to entering the event. Once checked in, if the senior leaves the All-Nighter, they cannot reenter. Parents are responsible to pick up seniors from YMCA – North at approximately 5:00 am June 9<sup>th</sup> or the students will be permitted to drive themselves at the conclusion of the event. **Transportation is not provided.**
2. **Conduct:** We agree that the senior will follow all rules and regulations established by the NC Senior-All-Nighter Committee. A parent or guardian will be called to pick up senior if and behavioral problems arise during the course of the NC Senior-All-Nighter. This decision will be at the sole discretion of the NC Senior-All-Nighter Committee. Senior and parent/guardian agree to pay the full replacement cost for any losses and damage to any property that is directly or indirectly caused by the senior while participating in the NC Senior-All-Nighter.
3. **Medical Permission:** We hereby consent for the NC Senior-All-Nighter Committee to obtain medical care for the senior in the case of emergency. Parent/guardian and senior agree to full liability should the senior require medical treatment. An Emergency Care Plan Needs to be completed and submitted to the NC Senior-All-Nighter Committee for all life-threatening allergies. Any other medical concerns for seniors will be communicated to the NC Senior-All-Nighter Committee prior to the event. NC Senior-All-Nighter Committee is not privy to any medical information, allergies, or courses of treatment submitted to the school district and therefore will not have knowledge of these needs unless communicated by parent/guardian prior to event.
4. **Ticket price is non-refundable.**
5. **Hold Harmless:** We agree that the NC Senior-All-Nighter event is not a school sponsored event, that the school assumes no legal liability associated with the event. The senior and their parent/guardian signing this agreement hereby assume all risks associated with attendance and participation at the NC Senior-All-Nighter event and agree to release, covenant not to sue and hold each member of the NC Senior-All-Nighter Committee harmless from any and all claims of any nature with may arise in connection with the NC Senior-All-Nighter event including claims relating to acts or omissions of NC Senior-All-Nighter Committee.

The senior and parent/guardian signatures are required on both sides of this form if the senior is under 18. If the senior is 18, only their signature is required.

**Print Senior's Name**

**Signature of Senior**

**Date**

**Print Parent/Guardian's Name**

**Signature of Parent/Guardian**

**Date**

Student Name:

Date of birth:

Parent Names:

Phone # night of event:

Emergency contact  
(other than parent/guardian):

Phone:

Medications:

Chronic illness/allergies:

**Does your senior have a life-threatening food allergy?**  Yes  No

If yes, please contact the NC Senior-All-Nighter Committee prior to the event.

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge that this event involves physical, mental and emotional activities and carries with it the potential for death, serious injury and property loss. These risks include, but are not limited to, those caused by terrain, temperature, weather, condition of participants, lack of hydration, equipment, entertainment, athletic and recreational activities, action of other people including but not limited to, participants, volunteers, officials, and event monitors and/or producers of this event. These risks are not only inherent to participants but are also present for volunteers. I hereby assume all of the risks of participating or volunteering in this event.

I realize that liability may arise from negligence or carelessness on the part of the persons or entities released, from the dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that the Accident Waiver and Release of Liability from will be used by NC Senior-All-Nighter Committee, and that it will govern my action and responsibilities of said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge NC Senior-All-Nighter Committee from any and all liability for my death, disability, personal injury, property damage, and the property theft of actions and any kind which may hereafter occur to me including by traveling to and from this event; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event.

I hereby agree to abide by the life-threatening food allergy policy and will provide an Emergency Care Plan if a senior has a life-threatening food allergy.

I understand that I may be photographed at this event or during related activities. I agree to all my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

**Print Senior's Name**

**Signature of Senior**

**Date**

**Print Parent/Guardian's Name**

**Signature of Parent/Guardian**

**Date**

**\*\*\*Please Return this form at the YMCA during check-in at 10pm, or email prior to event with name in subject line to [ncsanclassof2024@gmail.com](mailto:ncsanclassof2024@gmail.com)\*\*\***