

**SHS PTA GRADUATION CELEBRATION**  
**PARENT & STUDENT PERMISSION AND WAIVER OF LIABILITY**

\_\_\_\_\_  
Name of Senior Student

Has my permission to participate in SHS PTA Graduation Celebration on June 21<sup>th</sup> at Longshore Pavilion, Westport, CT. In granting such permission, I acknowledge that the PTA Graduation Celebration is an optional, extracurricular event organized by the Staples High School PTA, that the Westport Public Schools are not sponsoring the event, and that the above student's participation is not compelled or otherwise required as a condition for his/her receipt of educational services at Staples High School.

I, as parent or guardian of the above-named student do hereby for the student, myself, my heirs, executors and administrators take full responsibility for the actions of the above-named student and assume all risk of injury and all risk of damage to or loss of property arising out of his/her participation in this event. I, and the above-named student further agree that the above-named student will refrain from consuming any alcohol or nonprescription medication or drugs prior to, during and following the Graduation Celebration. I hereby release and agree to hold harmless the Staples High School PTA and Westport PTA Council and all PTA Officers and Board members (collectively "the PTA") from any and all claims, losses, demands, actions or causes of action, suits, judgments, costs and expenses (including but not limited to court costs and attorney's fees) or other damages resulting from any injury, in any way associated with or resulting from the above named student's participation in Graduation Celebration. **Only SHS Seniors-Class of 2017 may attend the Graduation Celebration.**

I am aware that Graduation Celebration is located at Longshore Pavilion and will involve activities such as dancing, a hypnotist, tarot readers and refreshments. I hereby acknowledge that the SHS PTA is responsible only for the organization of the Graduation Celebration, and that the SHS PTA assumes no responsibility for the above-named student's participation in any activities at the Celebration, including but not limited to supervision of the above-named student during the Celebration.

In case of illness or accident at the Graduation Celebration, permission is granted for emergency treatment to be administered. It is further understood that I will assume full responsibility for any such action, including payment of costs.

In the event of an emergency, an appropriate contact person for the senior student is

\_\_\_\_\_, who may be reached at \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Senior Student

\_\_\_\_\_  
Print Name

**\*\*\*\*\*Only SHS Seniors-Class of 2017 may attend the Graduation Celebration\*\*\*\*\***