



MHS 2017 All-Night Graduation Party Registration Form

The parent-sponsored All-Night Graduation Party will be held from 10pm, June 9 to 4 am, June 10 at the University of Idaho Student Recreation Center (SRC). Check-in begins at 9:30. After reading this letter I/we understand the purpose and rules of the event, and hereby authorize medical treatment by a licensed physician in case of accidental injury or sudden illness.

Student's name (please print): _____

Student signature (all students must sign): _____

Parent/Guardian's name (please print): _____

Parent signature (if student is not 18 as of June 9): _____

Parent/Guardian emergency contact information during event:

Name: _____ Phone number: _____

Medical conditions: _____ Allergies: _____

☐ Please check this box if you would like us to contact you at the above number if your senior leaves before the end of the event.

It takes many parent volunteers to successfully run this event. Please indicate what you might be able to do and include a contact email and phone: _____

- ☐ I can volunteer at a shift the night of the party (9-11 p.m., 11-1, 1-3 a.m.)
- ☐ I can help clean up 4-6 a.m., morning of June 10th
- ☐ I can help set up (during the day on June 9th)
- ☐ Contact me about another task I can complete before the day of the party.

Fees:

Before May 5: \$50

May 6 to June 9: \$75

June 9/at the door: \$100 (cash only)

(Make checks payable to Moscow Senior Party)

Step 1: Complete and sign this registration form

Step 2: Complete, sign and initial all parts of the University of Idaho SRC waiver form

Step 3: Drop your forms and payment off at MHS Office or Mail to: Moscow Senior Party: Registration, P.O. Box 9695, Moscow, Idaho, 83843

Students needing financial assistance can get approval from the MHS Principal. Please get Mr. Perryman's approval before May 5th (or as soon as possible) so the party committee can plan.

Approved for scholarship: _____ Date: _____

Principal's signature

University of Idaho

Signatures on back of page are required prior to participation in the Activity.

Activity:	Moscow High School Graduating Senior Party	Location: University of Idaho, Student Recreation Center, (This is not a University sponsored event. This is not a joint venture.)	Dates:
Participant: <small>PLEASE PRINT:</small>	Name:	Age:	Sex:
	Street Address:	(City:	State, Zip:
	(Home Phone)	(Work Phone)	

Acknowledgement of Risk and Waiver of Liability

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to Activity Coordinators. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Moscow High School Graduating Senior Party (“Activity”) may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) (“I”) acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that the dangers and the risks of participation in the Activity could include, but are not limited to, death, serious neck or spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other parts of the muscular-skeletal system, and serious injury or impairment to other basic functions, general health, and wellbeing. I acknowledge and understand that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury to myself, or my child, up to and including death**, may occur: activities which may or may not be supervised by the university or the Activity coordinators; activities supplemental to the Activity, such as participation in games; use or operation, by me or others, of equipment or items for amusement brought in by the Activity coordinator in the condition in which they are found; use of recreation center equipment to play games and sports including but not limited to basketball, volleyball, hockey, and use of exercise equipment; all of these activities involve physical activity and movement including, but not limited to walking, balancing, falling, lifting, bending, jumping, pulling, stretching, swinging, twisting, throwing, and competition in and/or practice of activities that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in broken bones, strain, sprains, joint injuries, eye injuries, heart malfunctions, concussions and head injuries. Additional risks for this Activity include use of **SRC Climbing Center** which has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury to myself, or my child, up to and including death**, may occur: tying climbing knots; belaying; bouldering; roped climbing; lead climbing; ice climbing; multi-pitch climbing; and rappelling. I understand that the risks include, but are not limited to: falling off or from the climbing wall, and hitting the floor, wall faces, other people, or objects on the floor; dropped items, broken holds, or falling people. I understand that these risks arise from some or all of the following: bad knots; improper belay techniques; human error; rope abrasion or entanglement; failure of ropes, knots, belays, slings, harnesses, climbing holds, anchor points, hardware, or any other part of the climbing wall; equipment failure, and my own or my dependent’s carelessness. I specifically acknowledge that climbing may involve an even greater risk of injury than other sports. Because of the inherent dangers of participating in climbing wall and related activities, I recognize the importance of following instructions regarding techniques, training, and rules, and I agree to obey all instructions. I have, and my dependent has, or will obtain prerequisite skills, qualifications, preparation and training to participate in the Activity in a safe and competent manner. Additional risks for this Activity include but are not limited contact with environmental or biological hazards; risks related to transit to or from the Activity locations including, but not limited to, travel by bus, van, and private or rented auto; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first

aid, or other emergency treatment, and transport in medical emergencies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity.**

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from any Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity, regardless if occurring before, during or after the period of the Activity.

This form continues on the back of this page.

INITIAL PAGE 1 HERE:

I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity.

I understand that any insurance provided through this Activity provides only limited protection for injuries that occur while participating and that I am responsible for all medical expenses not covered by Activity insurance.

If my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webpages.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: