

WESTMONT GRAD NIGHT 2012

LIABILITY AGREEMENT

I/We, the parent(s), legal guardian(s) of _____, agree, absolve, release, and hold blameless, Westmont High School Grad Night Chairpersons, Grad Night chaperones, or other adults participating in this trip from any financial liability or claim for damages of any nature arising out of an event associated with the Westmont Grad Night 2012 during the period of June 7, 2012 to June 8, 2012 inclusive.

This is an independently sponsored trip with no direct connection to the Campbell Union High School District or Westmont High School. We realize that such a trip has certain risks involved and that every attempt will be made to safeguard all participating individuals. No amount of precaution taken by the chaperones can ensure safety if the individual does not obey and cooperate.

Please Note: A parent/guardian AND any participating individual 18 yrs or over MUST sign.

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

Please return to:

Westmont High School main office

Or Mail to

Westmont High School (Attn: Grad Night)

4805 Westmont Ave.

Campbell, CA 95008

No later than June 1, 2012

WESTMONT GRAD NIGHT 2012

EMERGENCY FORM

Health Insurance Information

In case of emergency, I/we give permission to have _____ treated as necessary while on his/her Grad Night 2012 trip to City Beach from 10pm June 7 to 4:30am June 8, 2012.

Insurance company information:

Insurance Company name _____ Phone _____

Policy Number _____

Primary Doctor Name _____ Phone _____

Primary Dentist Name _____ Phone _____

Emergency Contact Information- REQUIRED
(Must be available during the hour of this activity)

Parent/Guardian Name _____

Insurance _____

Address _____

Home Phone _____ Cell/Work _____

Parent/Guardian Name _____

Insurance _____

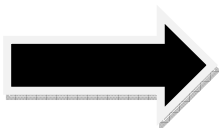
Address _____

Home Phone _____ Cell/Work _____

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

Please attach a copy of your graduate's insurance card for reference.



(TURN OVER)



WESTMONT GRAD NIGHT 2012

EMERGENCY FORM

Special Needs Medical Form

I, _____, (graduate and/or participant) have the following medical condition(s) that the Grad Night Chaperone Team should be aware of:

_____ I wear a medical ID/Alert bracelet for _____

_____ I am allergic to _____

_____ I have asthma

_____ I carry an epi pen or inhaler

_____ I have a heart condition _____

_____ I have seizure/epilepsy and require _____

_____ I am diabetic and require _____

_____ I am disabled/handicapped and require _____

_____ Other _____

ADDITIONAL INFORMATION WE SHOULD BE AWARE OF

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