

2018 OLATHE SOUTH PROJECT GRADUATION PARENT/STUDENT AGREEMENT

Student Name: (please print) _____

With your signatures, you collectively agree to be bound by the following rules and agreement at the **Olathe South Project Graduation Party on Sunday, May 20 and Monday, May 21, 2018 at Matt Ross Community Center in Overland Park, KS.** The graduate **MUST** ride the bus as scheduled, to and from Olathe South/Matt Ross. Graduates must ride the return bus to Olathe South to receive the gift bag which will include a cash gift.

I understand that should graduate fail to show up at Olathe South to board the bus, attempts to depart early or fails to board the bus for the return trip to Olathe South after Project Graduation, parent WILL BE CALLED and notified of absence. Parent will also be called and asked to come in and pick up student at Olathe South/Matt Ross Community Center should student attending be, or appear to be, under the influence of alcohol/drugs or in an altered state.

I understand that some of the activities at Project Graduation may carry with them a degree of risk of injury, and I consent to participation in all the activities. I hereby release and discharge the school, Project Graduation and their volunteers from any liability as a result of aforementioned student's participation in the Project Graduation event."

I understand that if medical attention arises for the aforementioned student, a parent will be called as soon as practical under the circumstances. In cases of emergency, I grant the Project Graduation staff power of attorney to seek medical care, and I consent to the examination or treatment of aforementioned student by a licensed physician or health care professional and those services deemed necessary by the doctor. I give permission to the doctor or health care professional to provide any care they deem to be necessary, and I agree to pay for any and all medical expenses incurred for said care.

NO PURSES/BACKPACKS/BAGS WILL BE ALLOWED. KEYS WILL BE HELD IN A SAFE PLACE AND GIVEN OUT ON THE RETURN TRIP TO OLATHE SOUTH.

Phone number(s) where I can be reached, if necessary during Project Graduation during the night of May 20 & morning of May 21st:

Parent Name: (please print) _____

Primary Phone # _____

Secondary Phone # _____

Student Phone # _____

I have read and understand the conditions of this agreement. I willingly agree to its conditions and release from any and all liability Olathe South Project Graduation Committee Members, and/or individuals who participate in the organization of, or conduct a role of, any type in the execution of this Project Graduation Party.

Student Signature _____

Parent Signature _____

Graduate needs the following accommodations for food allergies:

Gluten Free _____ Nut Free _____ Other (please specify) _____

Fill out below ONLY if you are planning on picking up your student early from Matt Ross Community Center:

I will be picking up my graduate at _____ (time). I understand that I must come in and contact a member of the OSPG contacts listed on page one to check out my student.

Parent Signature: _____