

Riding Bus?
YES NO

**Atholton HS PTSA 2019
 “Raiders After Midnight”
 Post Prom Party
 STUDENT REGISTRATION**

TICKET #
Cash / Check #
Date:

Student Name: _____
 (Please print)

Student Cell: _____
 (required)

Parent Phone #: _____
 (required)

Circle One:
JUNIOR

SENIOR

Parent/Guardian Permission:

I give permission for student listed above to attend the After Prom Party sponsored by the AHS PTSA. My child and I understand the rules on the attached page(s) and agree to follow them. **Parent will be called if the student does not arrive at Columbia Gym by 1:15.**

ACCIDENT WAIVER AND RELEASE OF LIABILITY

In consideration of my participation in the Atholton High School PTSA “Raiders After Midnight” Post Prom Party on Saturday, May 4, including bus transportation from The Hotel at Arundel Preserve to Columbia Gym, I, the undersigned participant, intending to be legally bound, do hereby for myself, and heirs, executors, administrators and assigns, forever waive, release, and discharge any and all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the AHS PTSA, its vendors, or Maryland PTA including all units and councils, and all of their officers, directors, members and volunteers. I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in an event of this type. I hereby assume all risks of participating in this event. I acknowledge that this Accident Waiver and Release of Liability form will be used by the holders, sponsors and organizers of this event in which I may participate, and that it will govern my actions and responsibilities at the event, including my travel to and from the event.

In consideration of my application 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 the AHS Administration, AHS PTSA and Howard County Public School System (HCPSS), their directors, officers, volunteers, representatives, and agents personally, from any and all liability for my death, disability, personal injury, property damage, property theft, or loss and cost, claim, damage and cause of action of any kind; and (b) indemnify and hold harmless the AHS Administration, AHS PTSA, and HCPSS, their directors, officers, volunteers, representatives, and agents personally, from any and all such 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, at the nearest medical facility determined by emergency personnel transporting and/or providing said medical treatment which may be deemed advisable in the event of injury, accident or illness during this event. I understand that I may be photographed at this event. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holder, producers, sponsors, organizers, and assigns. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and, I understand its content. All individuals under the age of 21 are required by Howard County Board of Education to have Parent/Guardian signature.

Print Participant’s Name	Age	Participant’s Signature	Date
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PARENT/GUARDIAN WAIVER FOR ALL STUDENTS

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from any and all liability, loss, cost, claim, damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and cause of action and release said parties on behalf of the student and parents or legal guardian.

Print Parent’s Name	Parent’s Signature	Date
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