



# Senior All Night Party 2016

**All seniors are invited to attend the all-night party held at Mercy High School after graduation on June 5, 2016. The party begins at 10:30PM (students need to arrive by 11:30) and ends at 5:00AM. The senior all night party committee has been planning this event all year. Many activities, food, dancing and fun is planned to celebrate the last time the Class of 2016 will be together at Mercy High School. The cost for this party was included in graduation fees collected last spring so all that is needed to attend is the consent form below. Please return to the reception area by Thursday, May 5, 2016.**

I hereby consent to participation by my daughter, \_\_\_\_\_, in the Senior All Night Party held at Mercy High School beginning at 10:30PM June 5, 2016 and ending at 5:00AM, June 6, 2016. In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless Mercy High School, any and all affiliated organizations, its/their employees, agents, representatives and volunteers from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence arising from or relating to my child's participation in this event. I authorize Mercy High School to obtain necessary medical treatment for my child in case of illness, injury or accident. My child has the following medical conditions or allergies, which a health care provider should be told: \_\_\_\_\_

During this event I can be reached at: home \_\_\_\_\_ cell \_\_\_\_\_

PLEASE BE AWARE THAT NO STUDENT WILL BE ALLOWED TO LEAVE UNTIL 5AM, JUNE 6, 2016. A STUDENT WILL ONLY BE RELEASE PRIOR TO 5AM IF A PARENT OR GUARDIAN IS PRESENT. NO DRUGS, ALCOHOL, OR TOBACCO WILL BE ALLOWED ON THE PREMISES. THE MERCY HANDBOOK REGULATIONS WILL BE IN EFFECT.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature

Student: I, \_\_\_\_\_, a student of Mercy High School agree to abide by the school code of conduct as stated in the school handbook.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's Signature

\*\*\*\*\*Please return this form to the reception area or to Mrs. Rozman by Thursday, May 5, 2016.