



Parsippany Hills Project Graduation

Dear PHHS Seniors,

There are less than four months of school left in the year, which means there are less than four months until Project Graduation! We have an amazing night planned, full of fun activities as you celebrate together one last time, substance-free: action-packed games, inflatables, dancing with a DJ, and a hypnotist show, as well as food and beverages all night long. With continued fundraising, we hope to add additional attractions such as caricatures, airbrush tattoos, and more food. (Be sure to support our next fundraiser at Zinburger on April 18, get your first aid kit orders in by Friday, March 8, and don't forget to purchase a lawn sign!)

The entire graduating class is encouraged to return to PHHS at 9pm after your commencement ceremony. Although there will be no time for a leisurely family dinner, don't worry...we'll have plenty of food waiting for you! Buses will transport students and chaperones to and from Drew University, returning around 6am.

The cost for this night full of fun is only \$70, due by April 15. However, we have a contest for those who are quick to return their forms! When your payment is received, your name will automatically be entered to win a \$50 gift card to The Cheesecake Factory. The drawing will be on March 25, so submit your payment and contracts by then!

Please complete both the attached contract as well as the liability waiver and return them to PHHS along with your payment. Checks may be made payable to PHHS Project Graduation. You can drop off your registration in the Main Office or mail it to: PHHS Project Graduation, 20 Rita Drive, Morris Plains, NJ 07950. If you have any questions or financial concerns, please contact Mrs. Stavrou (stavroufamily@aol.com) or Mrs. Mann (crmann@pthsd.net).

We consider Project Graduation to be a very important event, and we hope that all students will attend. The Class of 2019 will make memories that will last a lifetime!

Sincerely,
The Project Graduation Committee ☺

PLEASE FILL OUT YOUR CONTRACT TODAY!

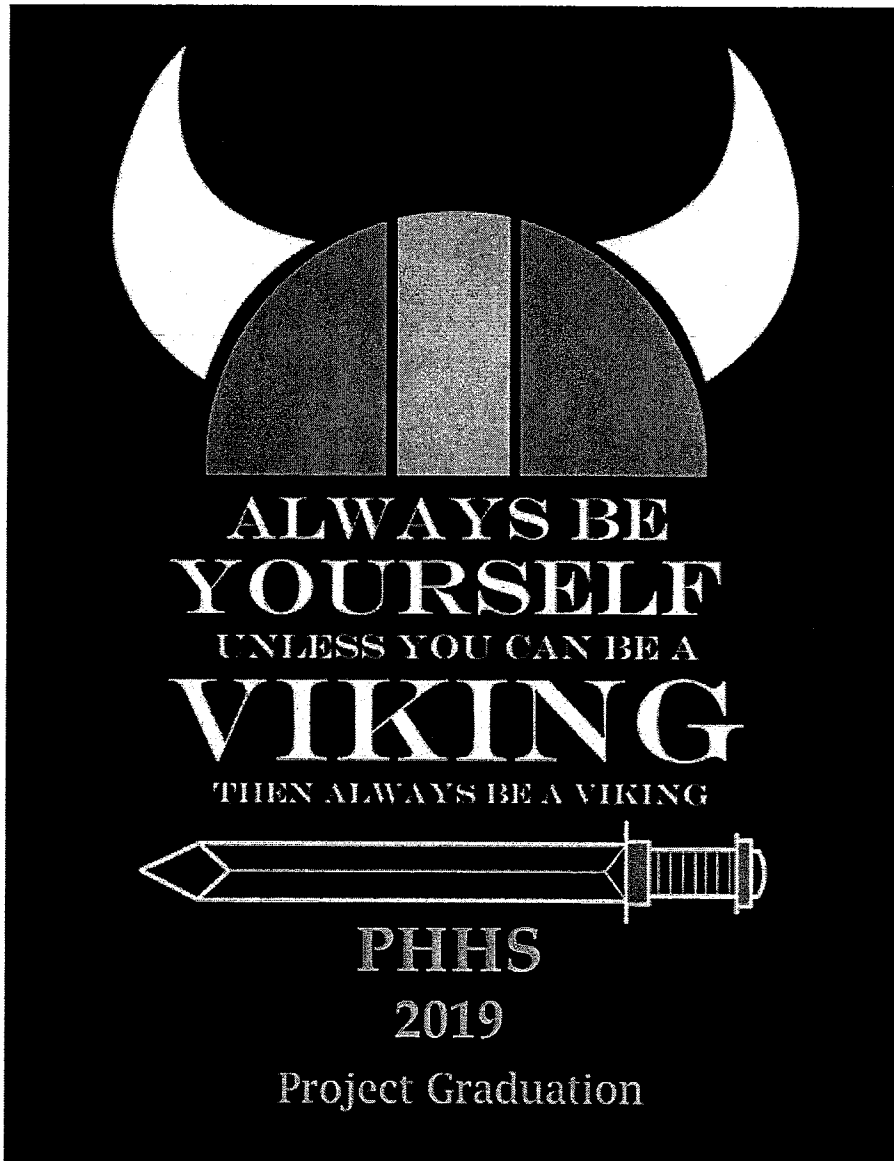
Free t-shirt!

We hope you will wear it to Project Graduation, but it is not mandatory! Even if you won't be attending Project Graduation, we'd still like to give you a t-shirt! Sample t-shirts are available in D-38 (Mrs. Mann's room). Stop by before or after school if you need help selecting a size.

Name _____

size (circle one): **S** **M** **L** **XL** **XXL**

Please return this form to the Project Graduation box in the Main Office.



PHHS PROJECT GRADUATION 2019

Dear Student, Parents and Guardians:

Please read, sign and date this contract as well as the attached accident waiver and return both to PHHS along with \$70 payable to PHHS Project Graduation. The following guidelines have been set to ensure that Project Graduation will be a safe, fun-filled evening for everyone.

STUDENTS: I, (PLEASE PRINT NAME:) _____ will be attending Project Graduation on Thursday, June 20, 2019. By signing this contract, I agree to refrain from drug and alcohol use before, during and after the celebration. I agree to abide by all security and safety rules while attending this event. I understand that if I break the contract, my parents(s) and /or guardian will be notified to come and escort me home immediately.

Student Signature

Student contact number

Date

PARENTS/GUARDIAN: I, (PLEASE PRINT NAME:) _____, understand what Project Graduation offers and accept full responsibility for my child's actions during use of the facility or any part thereof and hold the BOE, the PTSA and its members harmless from any and all loss, claim, injury, damage or liability sustained or incurred by my child.

Parent/Guardian Signature

Parent/Guardian contact number

Date

PLEASE NOTE: If the parent/guardian refuses to pick up their child when requested, or cannot be reached, the student will be turned over to the local police.

Graduates should leave all money and valuables at home or give them to a parent/guardian for safekeeping.

If you have any questions or concerns, please contact Mrs. Stavrou at stavroufamilyc@aol.com or Mrs. Mann at crmann@pthsd.net

NAME OF ACTIVITY: PHHS Project Graduation
DATE OF ACTIVITY: June 20, 2019

ACCIDENT WAIVER AND RELEASE OF LIABILITY

By signing this Waiver, I assume all risk of my child and/or myself participating in the above activity (hereinafter "activity"). Without signing this form, neither myself nor my child will be able to participate in the activity. I acknowledge that the above activity may pose some risk of personal injury and that I undertake and assume this risk for myself and my child.

On behalf of myself and my child, I further waive and release the promoters of the activity, school facility, any insuring entity of the above, and their directors, board members, officers, employees, volunteers, agents, representatives, or assigns, as well as the activity sponsors, from any and all liability, including, but not limited to, liability arising from negligence or fault of the entities or persons for any injury or disability which may occur as a result of my or my child's participation in the above activity. I am assuming all risks on behalf of myself and my child that may arise from negligence or carelessness on the part of any of the persons or entities being released, as well as from defective equipment, real property or personal property that is owned, maintained or controlled by the above persons.

I CERTIFY THAT MY CHILD AND MYSELF ARE PHYSICALLY FIT AND SUFFICIENTLY PREPARED FOR PARTICIPATION IN THE ACTIVITY AND THAT THERE ARE NO HEALTH RELATED REASONS OR PROBLEMS WHICH WOULD PRECLUDE THE PARTICIPATION OF MYSELF OR MY CHILD IN THE ACTIVITY. I HAVE NOT BEEN ADVISED OF ANY REASONS WHICH WOULD LIMIT MY CHILD OR MYSELF IN PARTICIPATING IN THE ACTIVITY.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child during the activity and that any medical or other insurance for myself and/or my child will be insurance of first resort before contribution by any other insurance for any other person or entity, including accidental death and dismemberment insurance and accident medical insurance.

I understand that I and/or my child may be photographed while participating in the activity. I agree to allow my and my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, sponsors, producers, and their assigns.

I shall defend, hold harmless, and indemnify the parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees, or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries or damages, received or sustained by myself and/or my child arising during the course of the activity

This Agreement constitutes the sole and only agreement between the parties concerning my child's and my release and indemnification as a condition for participating in this activity. Any prior agreements, whether oral or in writing, shall be void and of no further effect. This Agreement may not be modified.

I certify that I have read this document, and I fully understand its contents. I am aware that this is a release and indemnification of liability for myself and my child, and I sign it of my own free will.

Dated: _____

Participant's Name (Print)

Signature

Parent or Guardian (Print)

Signature