

**THIS SIGNED FORM IS REQUIRED FOR PURCHASE OF GRAD NITE TICKETS REGARDLESS OF THE AGE OF THE STUDENT.**

**Parent's Approval And Student Waiver**

\_\_\_\_\_ has my (our) permission to participate in  
*(Name of student)*

**POWAY HIGH SCHOOL (PHS) GRAD NITE on JUNE 11, 2009, AT PHS from 9 PM - 5 AM.**

I (we) as parent(s) or guardians(s) of the graduate, regardless of his/her age, do hereby, for my(our)\_\_\_\_\_, and I, as the student myself, and my (our) heirs, executors and administrators,  
*(Son/ Daughter)*

remise, release and forever discharge POWAY HIGH SCHOOL PTSA, PALOMAR COUNCIL PTA, 9<sup>TH</sup> DISTRICT PTA, and the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred. I/we hereby certify the graduate is my (our)\_\_\_\_\_ and that his/her date of birth is: \_\_\_\_\_,  
*(Son/Daughter)*

and I (we) do hereby certify that to the best of my (our) knowledge and belief said student is in good health. In case of illness or accident, I/we understand that every effort will be made to contact me. In the event I/we cannot be reached, I/we hereby give permission to the licensed health-care practitioner selected by the adult volunteers in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections or administration of medication for my child. Permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named student has had the following allergies, medicine reactions or unusual physical condition, which should be made known to a treating physician or which could limit participation in this activity. (If none, please write the word "NONE")

At Grad Nite, there will be a **MENTAL ILLUSIONIST SHOW**. The stars of the show will consist of volunteers from the audience who will be hypnotized. This show will be one of fun and done in good taste. There are no dangers in hypnosis, as it is a normal, natural state of mind that we experience every day. When you daydream, you are hypnotized; you are in an altered state of awareness. By no means are you unconscious. This is a PTSA-sponsored event for which parental consent is required for any student who wishes to be hypnotized. This form must be completed with all information including student AND parent signatures for student participation. If you do NOT wish your student to PARTICIPATE in the mental illusionist show, please check the box.  **MAY NOT BE IN THE SHOW. WATCH ONLY.**

At Grad Nite, there will be a **HAIRSTYLING BOOTH** in which the graduate will have the opportunity to have temporary color applied to his/her hair. Color may stain very light-colored hair temporarily, but eventually washes out. If you do NOT want your son/daughter to have color applied, please check the box.  **MAY NOT HAVE COLOR APPLIED.**

**I (WE) ALSO UNDERSTAND THAT MY STUDENT WILL REMAIN WITHIN THE GRAD NITE AREA FOR THE ENTIRE NIGHT OF JUNE 11, 2009 UNTIL THE END OF THIS EVENT AT 5 AM ON JUNE 12, 2009, OR UNTIL I (WE) CHECK-OUT HIM/HER OUT THROUGH STAFFING/SECURITY. (ID REQUIRED)**

1. \_\_\_\_\_  
*Student Signature* *Print Student's Name*

2. \_\_\_\_\_  
*Parent Signature* *Print Parent's Name*

\_\_\_\_\_  
*Address* *City* *Phone*

3. \_\_\_\_\_  
*Parent Signature* *Print Parent's Name*

\_\_\_\_\_  
*Address* *City* *Phone*

**PLEASE CHECK THE PHS GRAD NITE WEBSITE FOR TICKET SALES DATES.**