

PROJECT GRADUATION RELEASE FORM

Project Graduation participants need to have this form completed to attend PG2020

Student First Name: _____ Student Last Name: _____

Student Email: _____

Parent/Guardian Name: _____ Phone Number _____

PROJECT GRADUATION GUIDELINES

I, the undersigned AHS 2020 Graduate, voluntarily intend to participate in the optional PROJECT GRADUATION (“PG”) celebration to be held at the Millennium Youth Complex on May 27, 2020 from 11pm to 5am, May 28, 2020. I agree to abide by the following:

- (1) I understand that I must ride a Shuttle Bus (departing by 10:40) from AUSTIN HIGH SCHOOL (PAC PICK-UP) to the **Millennium Youth Complex**, 1156 Hargrave Street, Austin Tx 78702 and I AM NOT ALLOWED to park at the **Millennium Youth Complex**.
- (2) I understand that my use or possession of alcohol, drugs, tobacco products or any other illegal, intoxicating or hallucinogenic substances (“Prohibited Substances”) before or during PG is strictly prohibited. I further understand and agree that I will not (a) enter the PG premises under the influence of any Prohibited Substance or (b) use or possess any Prohibited Substance while on the PG premises. If I am under the influence of any Prohibited Substance, I will be refused entry to the PG premises and will not be eligible for prizes.
- (3) I understand and agree that I have no reasonable expectation of privacy with respect to items I bring with me to PG or any activities I engage in while attending PROJECT GRADUATION. Specifically, I understand and agree that any items I bring with me to PG (duffle bags, backpacks, purses, and the like) will be searched by PG representatives, which may include law enforcement officials. I understand that if any Prohibited Substance is found in my belongings, I will be refused admission to the PG premises and PG will attempt to notify my parent or legal guardian and, when appropriate, law enforcement officials. PLEASE NOTE: Contact lens solution, antacid, ibuprofen, and acetaminophen will be available at the First Aid Station for anyone who needs it throughout the night. Prescription drugs needed during PG should be left in the original pharmacy container and left at the First Aid Station during check-in. PG reserves the right to monitor participant behavior and/or conduct searches for the purpose of ensuring compliance with the terms and conditions set forth herein.
- (4) I understand and agree that once I exit PG premises, I will not be allowed to re-enter.
 I further understand and agree that if I leave the PG premises before 5:00am May 28th, 2020:
 - a. I will be required to sign an exit form acknowledging the time I leave, to be witnessed by an adult chaperone,
 - b. I will forfeit any prizes that have been won during the evening.
- (5) I agree to waive and release PG and all PG volunteers from any liability for claims, including those of negligence, resulting from my attendance at the event.

Yes	No	I give the PG First Aid Station authorization to administer Antacid for upset stomach.
Yes	No	I give the PG First Aid Station authorization to administer ibuprofen/acetaminophen for headache or minor pain

AISD TRANSPORTATION PERMIT

We (I) are the parents (legal guardian) of _____, a child enrolled in Austin Independent School District . We (I) hereby grant permission for the student named above to travel from Austin High School to the Millennium Youth Complex (1156 Hargrave Street. Austin TX 78702) and back to Austin High School (1715 W. Cesar Chavez Road) on Wednesday, May 27th and Thursday, May 28th. We (I) hereby grant permission for the student named above to travel by AISD school bus driven and operated by an AISD licensed school bus driver.

We (I) accept responsibility to determine that the transportation provided is safe and reasonable for the purposes intended. We (I) agree that Austin Independent School District, its officers, Trustees, and employees are not negligent in their choice of transportation and that we (I) have freely chosen the transportation provided herein.

We (I) hereby waive, release, and discharge the Austin Independent School District, its Trustees, officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the Austin Independent School District and its employees from all claims for loss, damage, or injury sustained by us (me) or by our (my) child whether the same be caused by the negligence of the Austin Independent School District or its officers, agents, employees, or otherwise.

Millennium Youth Complex RELEASE FORM

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any sports program may be injurious to my health, am voluntarily participating in physical activity with Millennium Youth Complex. Having such knowledge, I hereby release Millennium Youth Complex their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Millennium Youth Complex of Austin from any and all claims and demands, cost or expense arising out of any injuries, damages or losses, whether personal or property, sustained by me or any party to whom I am responsible.

Parent _____ Date _____

Student _____ (DOB) _____ Date _____

(if 18 years of age or over)

Emergency Contact Name _____ Phone Number _____