



PROJECT GRADUATION 2017 REGISTRATION AND RELEASE FORM
Form must be completed and returned by May 26th to the main office or austinhs2017@gmail.com

Student First Name: Student Last Name: Student Cell:

Parent/Guardian Name: Parent/Guardian Phone:

PROJECT GRADUATION GUIDELINES

I, the undersigned Austin High School 2017 Graduate, voluntarily intend to participate in the optional PROJECT GRADUATION celebration to be held at the Millennium Youth Complex on June 2nd, 2017 from 11pm to 5am, June 3rd, 2017. I agree to abide by the following:

- (1) I understand that I must ride the Shuttle Bus (from 10:15-11:15) 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 PROJECT GRADUATION is strictly prohibited.
(3) I understand and agree that I have no reasonable expectation of privacy with respect to items I bring with me to PROJECT GRADUATION or any activities I engage in while attending PROJECT GRADUATION.
(4) I understand and agree that once I exit PROJECT GRADUATION premises, I will not be allowed to re-enter.
(5) "I agree to waive and release PROJECT GRADUATION and all PROJECT GRADUATION volunteers from any liability for claims, including those of negligence, resulting from my attendance at the event."
I give the PROJECT GRADUATION First Aid Station authorization to administer Antacid for upset stomach.
I give the PROJECT GRADUATION First Aid Station authorization to administer ibuprofen/acetaminophen for headache or minor aches or pain.

AISD PRIVATE TRANSPORTATION PERMIT

We (I) are the parents (legal guardian) of \_\_\_\_\_, a child enrolled in the Austin Independent School District. We (I) hereby grant permission for the student named above to travel from Austin High School to Millennium Youth Complex, (1156 Hargrave Street, Austin TX 78702) and back to Austin High School (1715 West Cesar Chavez Road) on Friday, June 2nd and Saturday June 3rd. We (I) hereby grant permission for the student named above to travel by a vehicle driven or operated by Class of 2017 Volunteer Parent Drivers gratuitously by an individual.

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) understand that we (I) have the option to provide our (my) own transportation method.

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 Signature: Date:

Student Signature: (if 18 years of age or over) Date:

Emergency Contact Name: Phone number: