

PROJECT GRAD

MAY 17 - LAMPASAS SHOW BARN
10:00PM - 2:00AM

PACKETS DUE: MAY 1, 2024
LHS FRONT OFFICE

NO SIGN UP/WALK-INS AT THE DOOR
ALL WAIVER FORMS MUST BE TURNED IN BY MAY 1ST NO EXCPTIONS!
WE NEED THIS FOR FOOD AND SECURITY.
DOORS WILL LOCK AT 11:00PM - YOU CAN'T LEAVE ONCE YOU ARRIVE

**ALL LHS SENIORS ARE INVITED,
INCLUDING THOSE THAT GRADUATED IN
DECEMBER 2023.**

THERE WILL BE FOOD, A VIDEO GAME TRUCK, DJ, KARAOKE,
MOVIE ROOM, PHOTO BOOTH, CORN HOLE, AND OPPORTUNITY
TO GO INTO A MONEY BOOTH

NO MONEY WILL BE GIVEN OUT, INSTEAD ALL GRADUATES
WILL RECEIVE RAFFLE TICKETS FOR TONS OF RAFFLE
ITEMS/PRIZES

NO BAGS - NO DRUGS OR ALCOHOL ALLOWED

CLASS OF 2024

**Project Graduation 2024
Release Form for Participation**

Project Graduation 2024 henceforth referred to as "PG2024."

Name of Graduate: _____, henceforth referred to as "Graduate."

Name of Legal guardian and/or representative _____.

Relationship to Graduate _____.

DETAILS OF ACTIVITY

Date & Time: May 17, 2024 10 p.m. to May 18, 2024 2 a.m.

Location: Lampasas Show Barn, 283 US-190, Lampasas, Tx 76550

1. I, being the legal representative and/or guardian, do hereby grant the aforementioned Graduate permission to attend PG2024. I furthermore make the following affirmative representations:

A. I acknowledge that PG2024 is in no way affiliated with Lampasas Independent School District.

B. The individuals associated with PG2024 are not affiliated in such a manner as to permit liability for any actions of each other.

C. This event is organized by the volunteers of PG2024 for the benefit of my Graduate, and others similarly situated, and in no way raises a legal duty beyond that of any other member of the community with regard to my Graduate.

D. I represent and warrant that I have complete and full authority and capacity to enter into this release and waiver. In making such representation I unequivocally state that, if such a person exists, I have consulted with any other legal representatives and/or guardians and have that person's authority to, singularly, authorize graduates participating in this activity. Furthermore, I agree to indemnify to the fullest extent possible any and all claims which could arise from such other person's legal capacity. This includes satisfying any and all legal fees accrued by anyone affiliated with PG2024.

E. I further agree to indemnify any volunteer, agents, employees, servants, officers, directors, partners, contractors, indemnitees, successors or assigns, heirs, executors, administrators, estate, legal representatives, assigns, insurers and attorneys, from any and all claims, counterclaims, cross-claims, debts, demands, actions, causes of action, lawsuits, controversies, costs, sums of money, damages, obligations, contracts, agreements, judgments and/or liabilities whatsoever, both at law and in equity, which any party ever had, now have or may hereafter have against each other, or any of them, pertaining to, or arising directly or indirectly from any alleged acts, omissions, events, conditions, or transactions

Please Initial each page Graduate _____ Parent/Guardian _____

which may arise during this activity, whether known or unknown, fixed or contingent, liquidated or unliquidated. This indemnification includes, but is not limited to, any claims asserted by anyone, including Graduate herein, any claims for contribution, indemnity, subrogation, out of pocket expenses as damages, attorneys' fees as damages, exemplary damages, interest, court costs and any other damage or injury caused by the Parties' alleged conduct, or any other matter or action, whether in contract or tort or otherwise, known or unknown, direct, indirect, accrued or not accrued, liquidated or unliquidated, suspected or unsuspected and any attorneys' fees and costs associated with those claims.

F. I release and forever discharge PG2024 and representative from any claim, demand, action, or suit for any bodily injury, death, or property damage which results or may result from participation in this activity.

G. This release and waiver shall be binding upon, and inure to the benefit of the executors, administrators, heirs, personal representatives, successors and assigns of the Parties.

H. I affirmatively state that no person affiliated with PG2024 has authority to orally amend, modified, waived, or terminate any portion of this document, and no provision hereof may be amended, modified, waived, or terminated except in a writing duly signed by the Party against whom such amendment, modification, waiver, or termination is asserted.

I. If parents or authorities have to be contacted for any reason concerning Graduate's conduct or wearing of inappropriate attire, their Project Graduation prizes, if any exist, will NOT be given to them upon our return.

Miscellaneous provisions

In the event any one or more of the provisions contained in this document shall be determined by a court with jurisdiction over this release and waiver to be invalid or unenforceable in any respect, such determination shall not affect any other provision, and this release and waiver shall be enforced as if such provision did not exist.

This release and waiver is entered into in the State of Texas and shall be governed by and construed in accordance with the laws of the State of Texas in all respects, including matters of construction, validity, enforcement and interpretation.

The Parties represent that they have carefully read this document, that they know and understand its contents completely, that they either have sufficient understanding of the terms contained herein or have consulted with attorneys of their choosing regarding it, and that they are executing the release and waiver of their own free will, act and deed.

Signature of Parent/Guardian: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

Signature of Graduate: _____ Date _____

Please Initial each page Graduate _____ Parent/Guardian _____

GRANT OF AUTHORITY TO CONSENT TO MEDICAL CARE

If, in the sole judgment of any representative of PG2024, Graduate should need immediate care and treatment as a result of any injury or sickness. I hereby request, authorize, and consent to such care and treatment as may be provided to Graduate by any physician, nurse, hospital, park representative; and I do hereby agree to indemnify and hold harmless PG2024 representative from any claim by any person whomsoever on account of such care and treatment.

Parent or guardian below will be attempted to be reached within 15 minutes. If there is no answer to phone numbers listed below, authorities will be contacted.

Release form due back to LHS front office by: May 1, 2024.

Dated: _____

Signature of Parent/Guardian: _____ cell phone

(____)____ - _____ Signature of Parent/Guardian: _____ cell phone

(____)____ - _____ Graduate signature: _____ cell phone

(____)____ - _____

Additional Emergency Contact Name: _____

Relationship to Graduate: _____ Cell phone #

_(____)____ - _____

For informational purposes ONLY. Please list any allergies or medical conditions we should be aware of:

____ Please Initial each page Graduate _____ Parent/Guardian _____

**STUDENT
WAIVER OF LIABILITY AND
HOLD HARMLESS AGREEMENT FOR
Class of 2024 Project Graduation**

1. In consideration for receiving permission to participate in the Class of 2024 Project Graduation , I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the parents of the Class of 2024 committee, or any other parent participating in the event (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

2. I am fully aware of the risks involved and hazards connected to this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. I understand that the parents of the Class of 2024 committee do not maintain any medical or health insurance policies for students. As such, I am aware that I should review my personal insurance portfolio, especially accident/medical coverages.

5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless agreement shall be construed in accordance with the laws of the State of Texas.

6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this _____ day of _____, 20__ .

PARTICIPANT: Printed name _____ Signature _____

If participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for the parents of the Class of 2024 committee to seek reasonable and necessary medical treatment for Participant during such event or associated activities, and agrees to be responsible for any cost of such treatment.

Parent/Guardian Signature _____ Date _____