



PROJECT GRADUATION

PLEASE RETURN THIS FORM ASAP to SHS Office!

2022 SHS Project Graduation
Student Commitment/Parent Consent Form
This form MUST be signed by Student and Parent/Guardian
(As appropriate) and turned in prior to the event
(If we can't read your writing below, we can't enter your info)
All Forms must be turned in by May 20, 2022

I, _____, plan to attend the Stafford High School Project Graduation to be held on June 4, 2022. By signing this contract my parent/guardian (as appropriate) and I acknowledge that we have read, understand, and agree to abide by the following rules and conditions:

1. This commitment contract must be completed legibly, signed by student and parent/guardian (as appropriate), and submitted prior to the event. **No student will be admitted without this consent form on file. A photo ID is required to receive the Project Graduation issued wristband that must be worn at all times during the event, NO EXCEPTION.**
2. Project Graduation is a drug, alcohol, smoke, and tobacco free environment. I will not be admitted if it is suspected that I may be under the influence of drugs or alcohol. My use of any of these substances during the celebration will result in my immediate removal and the parent/guardian/alternate identified below will be notified to pick me up.
3. I will respect the event site and do no malicious damage. In the event of my inappropriate behavior, I will be removed from the party and the parent/guardian/alternate identified below will be notified to pick me up.
4. I understand that once I check in at the designated entry point to Project Graduation on the Stafford High School Premises. 1633 Staffordshire Rd. (The Red Gym in the back of the High School) between 6:00 P.M. and 6:30 P.M. on June 4th. I will remain within the designated Project Graduation area (Red Gym) until I am officially released Stafford High School parking lot at the event's conclusion at approximately 12:00a.m.-12:30 A.M. on June 4th. No graduate will be released from Project Graduation unless unusual circumstances arise; in which case the parent/guardian/alternate identified below will be notified to pick them up. No graduate will be allowed to return to their vehicle at any time for any reason during Project Graduation.
5. I understand that ONLY those participating in SHS graduation ceremonies on June 4th are eligible to attend the event.
6. I understand that no backpacks, book bags or oversized handbags will be allowed. Any items brought in by graduate must remain in their possession the entire night and no outside items will be permitted in bag room area. Appropriate clothing must be worn. The Project Graduation Security Committee reserves the right to inspect all packages or bags. No outside food or drink will be allowed. There will be plenty of great food and drink at the event. SHS Project Graduation or its volunteers are not responsible for lost or stolen items.
7. I understand that Project Graduation activities and games are voluntary and that my participation in these activities is at my own risk. I hereby release and agree to hold harmless SHS, SHS Project Graduation, and its volunteers and agents from all claims that may arise from my use or presence on such premises and activities.
8. I understand that I may be video recorded or photographed during Project Graduation and that these videos or photographs may be used in the future for Project Graduation promotions.
9. **I understand that a great time is planned for all, and I promise to enjoy myself to the fullest! There will be cash and prizes awarded during Project Graduation, but I must be present to win.**
10. **Please list any significant medical information (allergies, current medication, need for special accommodations, etc.)**

Student Signature _____ Student ID# _____ Date _____

Please indicate the size for your free limited-edition Project Graduation T-Shirt. My T-Shirt Size is _____.

___ Male ___ Female

(T-Shirts will be given FREE the night of Project Graduation to the first 50 graduates to turn in this form)

Parent/Guardian Consent and Medical Release: I hereby give my permission for the above-named student to participate in SHS Project Graduation 2022 on June 4/5th, 2022. I understand and agree to all the above conditions for his/her participation. I understand that if he/she violates any of these conditions, I will be notified and asked to pick him/her up at the event site, Stafford High School Parking lot. I hereby release and agree to hold harmless SHS, SHS Project Graduation, its volunteers, and agents from any and all claims that may arise from my child's use or presence on such premises and activities thereon. Should emergency medical treatment become necessary and if I cannot be contacted, I authorize Project Graduation coordinators to seek appropriate medical treatment for my child.

Signature of Parent/Guardian _____ Date _____

Legibly Print Parent/Guardian Name _____ Phone # _____

Alternate Contact Information (another responsible adult) for use during the event:

Legibly Print Name _____ Phone # _____