

# \*\*\*Project Graduation 2025 Release/Consent Form\*\*\*

Please complete and return this form along with the \$30.00 fee made on My Payments Plus by the end of school **Friday, May 16th. No forms or money will be accepted late.** You may return your form to Mrs. Dixie Cox in room I204, and your payment on My Payments Plus (<https://www.mypaymentsplus.com/welcome>).

**All money is non-refundable.**

The following guidelines apply for Project Graduation:

1. All participants will be drug/alcohol free.
2. Parents/guardians will be called in case of emergency.
3. Students who display disorderly behavior will be asked to leave.
4. Participants may leave with a **parent or guardian** but will not be able to return.
  - Parent/Guardian will provide legal identification before the student is allowed to leave.
5. All participants must travel with the group.
6. **Smoking will not be allowed.**

I have read the above statements and agree to abide by all rules and regulations set forth here and above. I plan to attend Project Graduation for seniors of Aynor High School on Thursday, June 5<sup>th</sup>, from 9:30 p.m. until 6:30 a.m., Friday June 6<sup>th</sup> 2025.

I hereby agree to hold the sponsors of Aynor High Project Graduation and Aynor High School harmless for any and all actions, loss, injury or suffering that I may sustain as a result of attending the herein above-named function.

Graduate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print	
Graduate's Name:	
Graduate's T-Shirt Size:	
Emergency Contact Name	
Emergency Contact Number	
Emergency Contact 2 Name	
Emergency Contact 2 Number	

## **Consent for medical treatment:**

I do hereby give the sponsors of Aynor High Project Graduation the consent to have my son/daughter treated in the case of an emergency at the closest medical facility.

Parent/Guardian signature: \_\_\_\_\_

Known allergies/current medication: \_\_\_\_\_